

PETER BENT BRIGHAM
HOSPITAL " " BOSTON

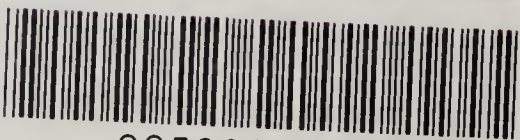
NINTH
ANNUAL REPORT

FOR THE YEAR 1922

CAMBRIDGE
THE UNIVERSITY PRESS
1923

FORM OF BEQUEST

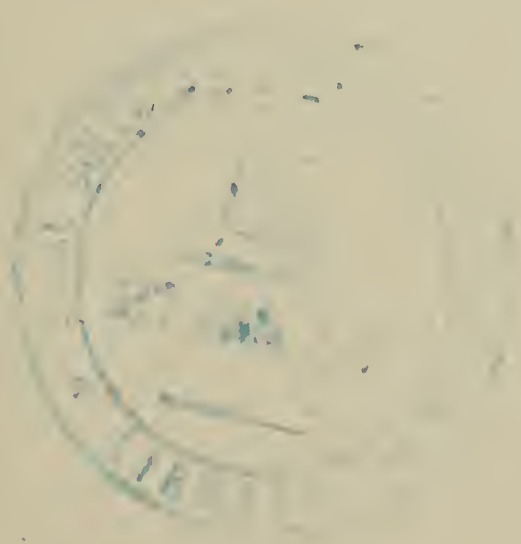
I give and bequeath to the Peter Bent Brigham Hospital, a corporation established under the laws of the Commonwealth of Massachusetts, the sum of dollars, the same to be used for the furtherance of its charitable work.



22503068391

NINTH ANNUAL REPORT
OF THE
PETER BENT BRIGHAM
HOSPITAL

FOR THE YEAR
1922



CAMBRIDGE
THE UNIVERSITY PRESS
1923

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President's Report

DURING the past year, the Hospital received from the estate of the late John P. Reynolds, a Trustee of the Hospital for many years, the sum of \$2,500 to be held as a permanent fund, and the income expended annually on one or more scholarships for promising pupils in the School of Nursing. The Trustees have gratefully received this useful gift and have voted to award the income to the pupil or pupils who attain the highest rank in scholarship at the end of the second year in the School.

The Trustees are glad to record the appointment as Physician of Dr. Reginald Fitz. Dr. Fitz was a House Officer and later Assistant Resident Physician in 1913-15 in this Hospital. Since then, he has obtained valuable training and experience in the Rockefeller Institute, in the United States Army during the war, and at the Mayo Clinic and Mayo Foundation. The Hospital welcomes his return to this staff.

Dr. Lawrence Reynolds resigned his office as Roentgenologist in June last. The Trustees are grateful to him for the excellent work he has done, not only for his daily routine but also for his organization work. He leaves the Department in excellent condition.

The Hospital is fortunate to have obtained the services of Dr. Merrill C. Sosman, who comes to the Hospital from the United States Army, as Roentgenologist. The Trustees appreciate that this branch of medicine is rapidly developing and will give their encouragement and aid to Dr. Sosman to maintain this Department at a high modern standard of excellence.

PETER BENT BRIGHAM HOSPITAL

In April and May of the past year, Sir Cuthbert Wallace, Dean of St. Thomas' Hospital Medical School and Surgeon of St. Thomas' Hospital in London, came to this Hospital as Surgeon *pro tempore*. He lived in the Hospital and took part in the treatment and care of the patients. The Trustees appreciate that this public service was an inspiration and a valuable influence in our hospital work.

At the suggestion of the United States authorities, there has been established at the Hospital a permanent Surgical Hospital Unit in the United States Army Medical Reserve Corps. It will be commanded by Major Elliott C. Cutler and the officers will be from the staff of the Hospital or graduates. It will be known as the Surgical Hospital No. 6 as authorized November 9, 1922, by the Surgeon General.

The Trustees are grateful to the ladies who have raised large sums of money to enable the Social Service Department to accomplish work that has become of great value to our patients.

The urgent need of the Hospital at this time is an addition to the Nurses' Home. Many of the nurses are now sleeping in an improvised part of the Out-Patient Department and others live in two small houses near the Hospital. All the nurses are crowded to a point where the excellence of their work may be affected. The funds of the Hospital are insufficient to build this much needed addition.

C. P. CURTIS,
President.

DECEMBER, 31, 1922.

Gifts to the Hospital During Year 1922

Mr. Jesse Koshland, 501 Summer Street, Boston . .	\$25.00
Mr. Elijah S. Gorney	10.00
Mr. John S. Lawrence gift for purpose of clinical bacteriological and immunological investigation . . .	1,000.00
Legacy under will John P. Reynolds to be held as a special fund, the income to be expended annually for Scholarships in the School of Nursing	2,500.00
Committee of the Permanent Charity Fund, Inc. gift to be used for general purposes of the Social Service Department	3,125.00
Surdna Foundation, gift for investigation and study of Eczema	5,639.80
Sir Cuthbert Wallace, gift for Social Service Dept. .	100.00
Sir Cuthbert Wallace, gift to the Resident Staff . .	100.00
St. John the Evangelist's Church for Social Service purposes for needy patients	6.51
Mr. Samuel Blowery, Forge Village, Mass., gift for Social Service purposes	20.00
Gifts to Occupational Therapy Fund	
Mr. William Amory	500.00
Mr. William H. Wellington	100.00
Mr. L. H. H. Johnson	50.00
Mr. Charles P. Curtis	100.00
Mr. James Jackson	50.00
Gifts to Radium Fund	
Mr. Charles P. Curtis	500.00
Mr. William H. Wellington	500.00
Mr. Francis W. Fabyan	500.00
Mr. Edmund D. Codman	500.00
Committee of the Permanent Charity Fund, Inc. .	1,000.00
Gifts to Social Service Fund raised by Emergency Committee	
	1,013.80
Anonymous gift to the Surgeon-in-Chief Fund . . .	5,000.00

Report of the Treasurer

A STATEMENT of receipts of income from investments and of payments therefrom out of the office of the Treasurer for the year ending December 31, 1922, is as follows:

INCOME

Real Estate Receipts:

Rent.	\$191,061.70	
Taxes paid by tenants	26,551.89	
Insurance paid by tenants	2,507.00	
Portland Street Power Plant net income	2,853.25	\$222,973.84

Interest on investments:

On bonds.	\$50,921.25	
On mortgages.	6,627.21	
	\$57,548.46	
Dividends	20,710.52	78,258.98

Bank interest		1,052.22
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Total income		\$302,285.04
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EXPENDITURES

Taxes	\$73,134.95
Building repairs, etc..	7,262.60
Insurance	5,290.22
Salaries	7,800.00
Legal expenses	800.00
Audit	500.00
Safe deposit box rent	70.00
Appraising securities	25.00

<i>Amount carried forward</i>	\$94,882.77	\$302,285.04
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REPORT OF THE TREASURER

<i>Amount brought forward</i> . . .	\$94,882.77	\$302,285.04
Interest on loans	1,937.49	
Account books	12.25	
	<hr/>	
Total expenditures	\$96,832.51	
Bond premium amortized	745.51	97,578.02
	<hr/>	
		\$204,707.02
Transferred to Portland Street Power Plant depreciation account . . .	\$2,853.25	
Transfer of income applicable to the following funds for year 1922:		
Surgeon-in-Chief Fund	327.87	
John P. Reynolds Scholarship Fund	76.85	3,257.97
	<hr/>	<hr/>
Net investment income available for Hospital operating expenses . . .		\$201,449.05
Net payments for Hospital operating expenses as shown by Superintendent's statement appended	\$171,615.72	
Less increase in Superintendent's sup- plies	3,679.94	167,935.78
	<hr/>	<hr/>
Transferred to General Fund to restore in part deficits of previous years .		<u>\$33,513.27</u>

SCHEDULE OF PROPERTY

Land and buildings occupied for Hospital, in- cluding furniture and fixtures	\$1,916,814.73
Mortgages	111,698.32
Land and buildings:	
166-210 Portland Street	776,108.53
5-11 Tremont Row	493,275.43
224-230 Congress Street	100,493.77
108-114 Lincoln Street	159,618.76
223-225 Washington Street	220,000.00
91-95 Portland Street	75,957.25
	<hr/>
<i>Amount carried forward</i>	\$3,853,966.79

PETER BENT BRIGHAM HOSPITAL

<i>Amount brought forward</i>	\$3,853,966.79
67-69 Commercial Street	73,999.76
1-3 Bowdoin Street	54,452.51
148-150 Hanover Street	60,787.78
1-7 Sudbury Street	70,159.03
88-92 Court Street	171,695.71
94-98 Arch and 13-17 Otis Street . . .	168,318.16
Land corner of Albany and Dover Streets	110,221.90
1000 Shares Boston & Maine R. R. Co. pfd. A .	142,000.00
100 Shares Boston & Albany R. R. Co. . . .	25,800.00
524 Shares Vermont & Mass. R. R. Co. . . .	91,700.00
450 Shares Old Colony R. R. Co.	93,150.00
183 Shares Nashua, Acton & Boston R. R. Co.	183.00
300 Shares State Street Exchange	25,960.00
400 Shares Boston Wharf Co.	37,585.25
50 Shares Boston Real Estate Trust	58,514.25
150 Shares Hotel Trust (Touraine)	15,900.00
100 Shares South Terminal Trust	10,300.00
15 Shares National Union Bank	2,700.00
100 Shares Newport Electric Corporation . .	13,278.33
1000 Shares Berkeley Hotel Trust	65,000.00
300 Shares N. Y. Central & Hudson River R. R. Co.	30,189.50
100 Shares Chicago, Milwaukee & St. Paul R. R. Co.	14,760.70
220 Shares Pennsylvania R. R. Co.	11,731.88
1500 Shares New York, New Haven & Hart- ford R. R. Co.	28,500.00
\$150,000 American Telephone & Telegraph Co. 4% bonds, 1929	139,887.50
60,000 Portland & Ogdensburg R. R. Co., 4½% bonds, 1928	60,483.41
25,000 Long Island R. R. Co., Gold Deben- ture 5% bonds, 1934	24,000.00
5,000 Kansas City Memphis Ry. & Bridge Co., 5% bonds, 1929	5,051.57
100,000 Chicago, Burlington & Quincy R. R. Co., Ill. Div., 3½% bonds, 1949 . .	89,077.50
20,000 Washington Water Power Co., 5% bonds, 1939	20,276.59
<i>Amount carried forward</i>	\$5,569,631.12

REPORT OF THE TREASURER

<i>Amount brought forward</i>	\$5,569,631.12
\$50,000 Boston & Maine R. R. Co., 4½% bonds, 1929	50,944.43
50,000 Interborough Rapid Transit Co., 5% bonds, 1966	49,500.00
50,000 Burlington, Cedar Rapids & Northern R. R. Co., 5% bonds, 1934	53,100.55
25,000 Baltimore & Ohio R. R. Co., So. Western Div., 3½% bonds, 1925	22,125.00
25,000 N. Y. Central & Hudson River R. R. Co., 1st mortgage, 3½% bonds, 1997	21,875.00
50,000 Cleveland, Lorain & Wheeling R. R. Co., 5% bonds, 1933	52,727.27
25,000 N. Y. Central & Hudson River R. R. Co., Debenture, 4% bonds, 1934	23,937.50
25,000 Northern Pacific R'y Co., Prior Lien, 4% bonds, 1997	24,781.25
25,000 New York City, 4% bonds, 1956	24,718.75
50,000 Eastern Mass. Street R'y Co., series A 4½% bonds, 1948	43,250.00
2,500 Eastern Mass. Street R'y Co., series D 6% bonds, 1948	
1,500 Eastern Mass. Street R'y Co., series C 6% bonds, 1925	
300 Eastern Mass. Street R'y Co., series C 6% bonds, 1927	
25,000 Quincy Market Realty Co., 5% bonds, 1964	25,000.00
75,000 Chicago & North Western Railway Co., Extension 4% bonds, 1926	72,750.00
28,000 General Electric Co., 3½% bonds, 1942	23,170.00
3,000 Pennsylvania R. R. Co., 4% bonds, 1948	2,880.00
50,000 Atchison, Topeka & Santa Fé R. R. Co., Transcontinental Short Line 4% bonds, 1958	47,500.00
56,800 Pere Marquette Ry. Co., first mortgage 5% bonds, 1956	49,420.00
<i>Amount carried forward</i>	\$6,157,310.87

PETER BENT BRIGHAM HOSPITAL

<i>Amount brought forward</i>	\$6,157,310.87	
\$50,000 Illinois Steel Co., 4½% bonds, 1940 .	47,375.00	
15,000 Boston & Albany R. R. Co., Equip- ment, 4½% bonds, 1924	14,811.00	
15,000 Boston & Albany R. R. Co., Equip- ment, 4½% bonds, 1925	14,803.50	
5,000 Boston & Albany R. R. Co., Equip- ment, 4½% bonds, 1926	4,932.50	
15,000 Boston & Albany R. R. Co., Equip- ment, 4½% bonds, 1927	14,793.00	
50,000 Liberty Loan, 4¼% bonds, 1928 . . .	50,000.00	
50,000 Liberty Loan, 4¼% bonds, 1938 . . .	50,000.00	
Cash:		
Operating Expense Fund . . . \$20,000.00		
In Banks	44,654.45	64,654.45
		<hr/>
Superintendent's Inventories	41,080.61	
		<hr/>
		\$6,459,760.93

Included in the above Schedule of
Property are the following Special
Funds:

COMMITTEE OF THE PER- MANENT CHARITY FUND, Inc.	\$3,176.67	
Less amount expended	3,176.67	\$00.00
	<hr/>	

OCCUPATIONAL THERAPY FUND	806.51	
Less amount expended	703.93	102.58
	<hr/>	

SOCIAL SERVICE FUND.	2,373.44	
Less amount expended	1,123.44	1,250.00

SURDNA FOUNDATION FUND	5,639.80	
Amount expended .	5,649.55	
	<hr/>	

Over-expenditure car- ried to General Fund	9.75	
	<hr/>	

<i>Amount carried forward</i> . . .	\$1,352.58	\$6,459,760.93
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REPORT OF THE TREASURER

<i>Amount brought forward</i> . . .	\$1,352.58	\$6,459,760.93
SAMUEL BLOWERY FUND . . .	\$20.00	
Less amount expended . . .	10.08	9.92
	<hr/>	
WALLACE FUND	100.00	
Less amount expended . . .	42.45	57.55
	<hr/>	
TRAINING SCHOOL DEPOSIT		
FUND	1,500.00	
Less amount expended . . .	550.00	950.00
	<hr/>	
JOHN S. LAWRENCE PATHO-		
LOGICAL SCHOLARSHIP		
FUND	1,000.00	
Less amount expended . . .	500.00	500.00
	<hr/>	
JOHN P. REYNOLDS MEMORIAL		
FUND	1,000.00	
HEMENWAY SQUASH COURT . .	11,050.00	
SURGICAL DRESSING FUND — Do-		
nation from the New England		
Surgical Dressing Committee .	10,000.00	
ALEXANDER COCHRANE FREE BED		
FUND	10,000.00	
SURGEON-IN-CHIEF FUND . . .	10,327.87	
RADIUM FUND	3,000.00	
RESIDENT STAFF FUND	100.00	
JOHN P. REYNOLDS SCHOLAR-		
SHIP FUND	2,576.85	50,924.77
	<hr/>	
		<u>\$6,408,836.16</u>

Viz:

Peter Bent Brigham Hospital	
Account	\$6,400,887.94
Reserved Income Account .	2,931.24
Portland Street Power Plant	
— Depreciation Account .	5,016.98
	<hr/>
	<u>\$6,408,836.16</u>

EDMUND D. CODMAN,
Treasurer.

Report of the Superintendent

THIS is the Ninth Annual Report of the Superintendent, covering the year 1922. 4,685 patients were admitted, 2,649 to the medical service and 2,036 to the surgical service, an increase of 370 admissions over the previous year.

In the Out-Door Department, 8,111 new patients were treated as compared with 7,707 in 1921. The total number of visits to the Out-Door Department during the year was 58,014, an increase of 5,898 over the preceding year.

The daily per capita cost of caring for all house patients based on the total expenditure in all departments of the Hospital was \$6.97. Excluding the cost of operating the private ward and the Out-Door Department, the daily per capita cost per patient was \$5.81.

Of the 70,695 patients' days' treatment in the wards, 14,298 were given in the private ward at rates sufficiently high to contribute substantial funds for the charitable work of the Hospital.

Of the balance, 26,944 patients' days were charged for at our regular open ward rate (an amount about one-half the actual cost of care), 14,175 patients' days were charged for at a rate less than one-half the cost and the balance, 15,278 days' care, were entirely free treatment.

The daily per capita cost of food for all persons was .45+, a decrease of .02 from the previous year.

More detailed comparisons will be found in Table II on page 17.

The work of the Dietary Department becomes more important each year and is rapidly growing. 18,348 special diets were prepared in the Diet Kitchen as compared with 8,046 in 1921. The Department trained 12 Pupil Dietitians during the year.

REPORT OF THE SUPERINTENDENT

Diet instruction is given to diabetic patients in the Diet Laboratory. The greater part of the time of an Assistant Dietitian is spent in dietary work with nephritic patients, the work being carried on in the wards, the Laboratory, and the Out-Door Department.

Early in the year, the Diet Kitchen was enlarged by one third its size by taking room that could be well spared from the main kitchen. This improvement, made absolutely necessary by the increased dietary work, has added much to the comfort and efficiency of the Dietitians and the Pupil Nurses assigned for training in the Diet Kitchen.

In May, Dr. Lawrence Reynolds, Roentgenologist, resigned to take up private practice in his speciality in Detroit. He made an excellent record in building up the X-Ray Department. Our loss is a distinct gain to the community he now serves in private and Hospital X-Ray work.

He was succeeded by Dr. Merrill C. Sosman, a graduate of Johns Hopkins Medical School, 1917, and who since graduation and up to the time of coming to us was an officer in the U. S. A. Medical Corps. Dr. Sosman was in the Roentgenological Department of the Walter Reed General Hospital for two years previous to coming to us.

Under his efficient charge, not only has the high standard of the Department been maintained, but the quality and amount of the work have steadily increased.

Statistics of the X-Ray work will be found in table on page 29.

During the year, two new X-Ray units have been provided, one a replacement of the unit used for treatment work and the other an additional machine for general X-Ray use.

In May, the Hospital purchased 101 milligrams of radium element which for convenience in use is divided equally into eight parts and contained in hollow needles.

PETER BENT BRIGHAM HOSPITAL

The whole or any part may be used at one time in suitable containers. The purchase of radium was made possible by a gift of \$1,000 from the Permanent Charity Fund, Inc.; \$2,000 was contributed by individuals and the balance from the general funds of the Hospital. Its almost daily use makes us feel that the large expenditure was justified.

The Trustees have created a new grade in the Visiting Staff, that of Junior Associate (in Medicine and Surgery) for younger physicians doing regular work of less amount and importance than the Associates in Medicine and Surgery.

The Social Service Department has found an ever-increasing amount of work to do and has risen to the demand as far as the limited number of workers would permit. In October, a Social Service Committee was organized, composed of ladies interested in social problems.

They raised, during the fall months, a sum nearly sufficient to pay the salary of one worker who had been added to the Department. It is felt that an additional worker and another stenographer are needed for the coming year. The Social Service Committee has agreed to raise \$4,000 for 1923, the amount required to pay necessary increases of salaries and for the additional workers needed.

I wish to take this opportunity to thank the Social Service Committee for their valuable aid to the Hospital work in raising funds for social service.

A detailed report of the Social Service Department will be found on pages 34 to 45.

We regret losing Miss Beatrice Hardy, Occupational Therapy Worker, who left us in September to take up similar work at the Mayo Clinic. Both by personality and training, she proved herself a valued worker in the wards. Miss Anna Revere, a graduate of the Boston School of Occupational Therapy, has generously given her services as a volunteer through the rest of the year.

REPORT OF THE SUPERINTENDENT

Mrs. Helen Hoag, who had served us faithfully and ably as Librarian since 1918, resigned in November to take up home duties. Her place has been filled by Miss Edith Robbins, Assistant Librarian since July, and who came to us with special training for her work.

The wards in the two surgical pavilions and in one of the two medical pavilions have been painted as have all of the four clinical laboratories.

All of the patients' beds and bedside tables have been re-enamelled.

Obsolete laundry machinery has been replaced at an expense of about \$3,000.

A private fire alarm box has been installed in the Administration Building near the Information Desk.

Our building needs, an addition to the Nurses' Home and a building to house the Resident Staff, private offices for the Visiting Staff, and new quarters for the X-Ray Department, are still unfulfilled. We repeat them here, making an urgent appeal for funds for these much needed additions to the Hospital.

Good reading matter helps patients to pass the time in convalescence, and our Library lacks in the number and kind of books needed. Contributions of money or suitable books will be gratefully received. Probably in no way can a small sum of money contribute more to the pleasure of patients.

While little out of the usual has been accomplished during the year in the Administrative Department, it has been a busy year and for its successful completion, thanks are largely due to many officers and employees who have worked with an interest and enthusiasm rarely seen.

I wish to thank the Trustees and the Staff for hearty co-operation and support throughout the year.

JOSEPH B. HOWLAND, M.D.,
Superintendent.

DECEMBER 31, 1922.

Comparative Tables of Statistics

Table I

HOSPITAL WARDS AND SINGLE ROOMS

	1922	1921
Patients in hospital first of year:		
Medical	77	86
Surgical	106	114
Total	183	200
Patients admitted during the year:		
Medical	2,649	2,348
Surgical	2,036	1,967
Total	4,685	4,315
Patients treated in hospital wards and private rooms during the year:		
Medical	2,726	2,434
Surgical	2,142	2,081
Total	4,868	4,515
Patients discharged during the year:		
Well	863	545
Improved	2,735	2,762
Unimproved	244	406
Untreated	575	368
Died	262	251
Total	4,679	4,332
Patients in hospital end of year:		
Medical	85	77
Surgical	104	106
Total	189	183

REPORT OF THE SUPERINTENDENT

	1922	1921
Total patients days' treatment:		
Paying patients	41,242	40,929
Part paying patients	14,175	15,330
Free patients	15,278	12,297
Total	70,695	68,556
Percentage:		
Paying patients	58+	60—
Part paying patients	20+	22+
Free patients	22—	18—
Total	100	100
Average patients per day:		
Paying patients	113—	112+
Part paying patients	39—	42
Free patients	42—	34—
Total	194—	188—
Average time per patient in hospital .	15+ days	16— days
Daily average cost per patient	\$6.97—	\$7.06—
Daily cost per capita for provisions for all persons supported . . . . .	.45+	.47—
Patients were admitted as follows:		
Paying regular rate	2,913	2,807
Paying less than regular rate . .	654	708
Free	1,118	800
Total	4,685	4,315

OUT-DOOR DEPARTMENT

	1922	1921
Number of cases treated (new cases) .	8,111	7,707
Medical	4,215	3,928
Surgical	3,644	3,527
Prenatal . . . . .	..	1
Urological	252	251

PETER BENT BRIGHAM HOSPITAL

	1922	1921
Number of visits:	58,014	52,116
Medical	30,736	27,919
Surgical	22,594	19,935
Prenatal		17
Urological	4,684	4,245

Patients arrived:

A. M. 8-10	15,971	16,016
10-12	14,267	12,539
P. M. 12- 2	11,458	9,825
2- 3	8,481	7,597
3- 4	4,317	3,587
4- 6	2,688	2,427
6- 8	832	125

Total	58,014	52,116
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Cost of maintenance of Out-Door Department	\$28,157.67	\$25,694.39
Daily average cost per patient56+	.49+

AMBULANCE

Ambulance calls during the year . . .	634	562
Average calls per day	1.70+	1.54+
Mileage for patients	3,682	3,965
Other business	1,998	274
Total mileage	5,680	4,239

REPORT OF THE SUPERINTENDENT

Table II

Year	Expenses	Receipts	No. patients admitted to wards	Total days' treatment	Average stay in hospital	Average cost per day per house patient	Daily cost per capita for provisions per day	OUT-DOOR DEPARTMENT			
								Cost of maintenance	New cases treated	Visits	Average cost per visit
1913	\$190,510.41	\$36,571.58	1,370	25,157	20—days	\$7.02—	.53—				
1914	256,423.25	69,251.23	2,843	49,295	“	5.15+	.35—	\$10,081.39	8,347	30,434	.33+
1915	269,913.46	88,651.55	3,417	60,242	“	4.48—	.33+	12,108.39	8,536	36,523	.33+
1916	308,413.81	116,519.00	3,712	65,291	“	4.72—	.35—	16,551.07	9,810	47,687	.35—
1917	324,777.80	138,512.48	3,674	65,129	“	4.93+	.40—	19,140.56	10,995	53,405	.36—
1918	321,547.28	154,026.47	4,025	66,669	“	4.81—	.44—	18,989.10	7,952	45,153	.43—
1919	377,253.15	193,741.63	4,282	65,546	“	5.76—	.51—	20,557.07	7,631	49,972	.41+
1920	453,853.94	262,413.29	4,316	69,541	“	6.53—	.59—	25,033.43	7,862	49,572	.50+
1921	483,921.52	301,918.05	4,315	68,556	“	7.06—	.47—	25,694.39	7,707	52,116	.49+
1922	492,676.00	325,667.28	4,685	70,695	“	6.97—	.45+	28,157.67	8,111	58,014	.56+

Table III
Residences

	1922	1921
Alabama	5	4
Alaska . . . . .	..	1
Arizona . . . . .	..	1
Arkansas	1	..
Bermuda . . . . .	..	1
British W. Indies . . . . .	..	1
California	3	3
Colorado	1	1
Connecticut	25	20
District of Columbia . . . . .	..	2
Florida	1	2
Georgia	4	3
Idaho	1	..
Illinois	11	13
Indiana	4	6
Iowa	2	6
Kansas . . . . .	..	1
Kentucky	1	3
Louisiana	1	1
Maine	89	96
Maryland	1	3
Massachusetts { except Boston	1,677	1,573
Boston	2,537	2,286
Michigan	8	6
Minnesota	2	1
Mississippi . . . . .	..	1
Missouri	5	3
Nebraska	2	3
Nevada	1	..
New Hampshire	72	77
New Jersey	6	3
New York	53	49
New Zealand . . . . .	..	1
North Carolina	8	6
Ohio	22	21
Oklahoma	7	1
<i>Carried forward</i>	<u>4,550</u>	<u>4,199</u>

REPORT OF THE SUPERINTENDENT

	1922	1921
<i>Brought forward</i>	4,550	4,199
Oregon . . . . .	..	1
Pennsylvania	12	16
Rhode Island	32	30
South Carolina	2	..
Tennessee	2	2
Texas	4	4
Utah . . . . .	..	1
Vermont	34	15
Virginia	4	4
Washington	6	6
West Virginia	7	2
Wisconsin	1	4
 Australia	 1	 ..
Canada	27	29
China . . . . .	..	1
Cuba	1	..
England	1	..
Holland	1	..
Philippine Islands . . . . .	..	1
 Total	 4,685	 4,315

Table IV
Birthplaces

	1922	1921
Alabama	6	6
Arizona	1	..
Arkansas	1	..
California	14	7
Colorado	12	9
Connecticut	47	45
Delaware	5	..
District of Columbia	4	..
Florida	3	6
Georgia	13	5
Idaho . . . . .	..	1
Illinois	46	17
Indiana	11	10
Iowa	22	17
Kansas	3	4
Kentucky	9	11
Louisiana	3	3
Maine	237	245
Maryland	17	5
Massachusetts { except Boston	1,620	1,469
Boston	42	72
Michigan	12	20
Minnesota	10	4
Mississippi . . . . .	..	7
Missouri	14	8
Montana . . . . .	..	1
Nebraska	3	8
New Hampshire	154	161
New Jersey	15	12
New Mexico . . . . .	..	1
New York	164	151
North Carolina	25	31
<i>Carried forward</i>	<hr/> 2,513	<hr/> 2,336

REPORT OF THE SUPERINTENDENT

	1921	1920
<i>Brought forward</i>	2,513	2,336
North Dakota	2	2
Ohio	35	34
Oklahoma . . . . .	..	1
Oregon	1	2
Pennsylvania	36	47
Rhode Island	54	50
South Carolina	18	2
Tennessee	5	5
Texas	9	5
Utah	1	1
Vermont	76	57
Virginia	28	21
Washington	1	5
West Virginia	6	5
Wisconsin	3	12
Wyoming	1	..
Total Americans	<u>2,789</u>	<u>2,585</u>
 Africa	 3	 ..
Albania	3	..
Armenia	31	19
Asia . . . . .	..	2
Australia	1	1
Austria	42	40
Azores	1	1
Belgium	2	1
Bohemia . . . . .	..	3
Brazil	2	..
Canada	470	313
China	4	4
Cuba	1	14
Denmark	6	16
Egypt	1	..
England	113	119
Finland	2	9
France	14	15
Germany	35	45
Greece	48	57
 <i>Carried forward</i>	 <u>779</u>	 <u>659</u>

PETER BENT BRIGHAM HOSPITAL

	1922	1921
<i>Brought forward</i>	779	659
Holland	6	4
Hungary	5	3
India	4	..
Ireland	308	303
Italy.	113	124
Japan	12	5
Labrador.	1	..
Mexico . . . . .	..	1
Norway	11	9
Philippine Islands . . . . .	..	1
Poland	24	17
Portugal	4	2
Roumania	3	2
Russia	444	437
Scotland	40	63
South America	1	2
Spain	1	..
Sweden	56	46
Switzerland	14	3
Syria	13	17
Turkey	23	19
Wales	4	4
West Indies	28	9
Others	2	..
	<hr/>	<hr/>
Total foreigners	1,896	1,730

REPORT OF THE SUPERINTENDENT

Table V

Expense and Revenue Statement

ADMINISTRATION EXPENSES

	1922	1921
Salaries, officers and clerks .	\$26,257.38	\$25,327.04
Office expenses	258.60	268.98
Stationery, printing and postage	7,095.22	5,299.72
Telephone and telegraph . . .	6,704.45	6,435.81
Liability insurance	1,753.38	2,298.66
Miscellaneous	3,529.64	3,619.00
Total administration expenses	\$45,598.67	\$43,249.21

PROFESSIONAL CARE OF PATIENTS

Salaries and wages:		
Physicians and surgeons . .	\$20,789.73	\$21,156.36
Supt. of nurses and assistants	6,700.91	6,458.52
Nurses	14,289.81	14,925.63
Special nurses	37,683.52	36,528.75
Orderlies	6,174.81	6,142.94
Druggists	3,376.45	3,375.61
Ward employees	8,136.34	7,764.30
Clerks	11,068.12	10,415.17
Instrument repairs	717.34	740.84
	<u>\$108,937.03</u>	<u>\$107,508.12</u>
Training school:		
Salaries of instructors . . .	\$3,440.00	\$3,299.20
Supplies	6,470.02	6,077.52
	<u>9,910.02</u>	<u>9,376.72</u>
Medical and surgical supplies:		
Apparatus and instruments	\$2,670.55	\$1,888.92
Medical and surgical supplies	24,746.43	20,682.16
Alcohol, liquors and wines	765.12	982.06
	<u>28,182.10</u>	<u>23,553.14</u>
Out-Door Department:		
Wages	\$8,470.10	\$8,243.52
Supplies	8,203.38	6,242.22
	<u>16,673.48</u>	<u>14,485.74</u>
Carried forward	<u>\$163,702.63</u>	<u>\$154,923.72</u>

PETER BENT BRIGHAM HOSPITAL

	1922	1921
<i>Brought forward</i> . . .	\$163,702.63	\$154,923.72
X-ray Service and Photography:		
Salaries and wages	\$8,206.04	\$7,648.35
Supplies	9,732.96	9,315.44
	<u>17,939.00</u>	<u>16,963.79</u>
Library	800.00	800.00
	<u> </u>	<u> </u>
Total professional care of patients	\$182,441.63	\$172,687.51

DEPARTMENT EXPENSES

	1922	1921
Ambulance:		
Labor	\$2,420.44	\$2,469.86
Supplies	1,604.32	1,973.98
	<u>\$4,024.76</u>	<u>\$4,443.84</u>
Laboratories:		
Labor	\$13,026.40	\$11,993.70
Supplies	4,823.33	4,633.28
	<u>17,849.73</u>	<u>16,626.98</u>
Housekeeping:		
Labor	\$27,624.06	\$29,869.63
Supplies	15,398.01	10,832.54
	<u>43,022.07</u>	<u>40,702.17</u>
Kitchen:		
Labor	\$12,689.79	\$12,601.89
Supplies	1,271.80	775.52
	<u>13,961.59</u>	<u>13,377.41</u>
Laundry:		
Labor	\$9,387.22	\$9,446.65
Supplies	5,267.13	2,946.62
	<u>14,654.35</u>	<u>12,393.27</u>
Steward's department:		
Labor	\$3,401.06	\$3,338.75
Provisions:		
Bread	2,956.69	3,995.42
Milk and cream	17,839.12	19,223.47
Groceries	15,675.74	16,069.95
Butter and eggs	11,933.18	11,997.10
Fruit and vegetables . .	12,169.01	10,623.93
Meat, poultry and fish .	23,636.27	23,131.06
	<u>87,611.07</u>	<u>88,379.68</u>
Total department expenses	\$181,123.57	\$175,923.35

REPORT OF THE SUPERINTENDENT

GENERAL HOUSE AND PROPERTY EXPENSES

	1922	1921
Electric Department	\$3,799.91	\$4,223.11
Heat, light and power	48,032.60	54,706.99
Fuel	781.32	334.55
Gas	3,368.62	3,584.92
Insurance	1,709.15	3,859.89
Water	3,481.80	3,991.32
Maintenance, real estate and buildings	15,505.18	15,219.41
Maintenance, machinery and tools	46.52	654.85
Plumbing and steam fitting .	6,787.03	5,486.41
	<hr/>	<hr/>
Total general house and property expenses . . .	\$83,512.13	\$92,061.45

EXPENSES FROM SPECIAL FUNDS

John P. Reynolds Memorial Fund		\$88.29
Permanent Charity Fund . .	\$3,176.67	2,765.42
Surdna Foundation	4,500.20	6,013.83
Training School deposit fund .	550.00	250.00
Gift for Occupational Therapy	703.93	1,000.00
Gift for Social Service Work .	1,123.44	265.36
Blowey Fund	10.08	. . . . .
Wallace Fund	42.45	. . . . .
John S. Lawrence Fund . .	500.00	. . . . .
	<hr/>	<hr/>
Total expense from Special Funds	\$10,606.77	\$10,382.90

CORPORATION EXPENSES

Salaries, officers and clerks . .	\$1,000.00	\$1,000.00
Pension	3,600.00	3,600.00
	<hr/>	<hr/>
Total corporation expenses	\$4,600.00	\$4,600.00

CAPITAL EXPENDITURES

Out-Door Department Altera- tions		\$37.83
Ward A Reception Room . .	\$176.75	2,210.53
Radium	10,157.39	. . . . .
X-Ray Equipment	1,296.00	. . . . .
	<hr/>	<hr/>
Total capital expenditures	\$11,630.14	\$2,248 36

PETER BENT BRIGHAM HOSPITAL

SUMMARY

EXPENSES

	1922	1921
Total administration expenses	\$45,598.67	\$43,249.21
Total professional care of patients' expenses	182,441.63	172,687.51
Total department expenses	181,123.57	175,923.35
Total general house and property expenses	83,512.13	92,061.45
Total hospital expenses	<u>\$492,676.00</u>	<u>\$483,921.52</u>
Corporation expenses	4,600.00	4,600.00
	<u>\$497,276.00</u>	<u>\$488,521.52</u>
Capital expenses	11,630.14	2,248.36
	<u>\$508,906.14</u>	<u>\$490,769.88</u>
Special Funds:		
John P. Reynolds Memorial Fund		88.29
Permanent Charity Fund	3,176.67	2,765.42
Surdna Foundation	4,500.20	6,013.83
Training School deposit fund	550.00	250.00
Gift for Occupational Therapy	703.93	1,000.00
Gift for Social Service Work	1,123.44	265.39
Blowey Fund	10.08	
Wallace Fund	42.45	
John S. Lawrence Fund	500.00	
GRAND TOTAL	<u>\$519,512.91</u>	<u>\$501,152.78</u>

REVENUE

	1922	1921
Administration receipts	\$1,597.42	\$2,033.37
Professional care of patients:		
Board of priv. rm. patients	\$88,747.15	\$78,761.93
Board of ward pay patients	102,040.27	102,332.07
Special nurses	48,041.88	42,931.88
Out-Door Department	32,311.65	28,453.91
Photography and X-Ray	24,234.03	20,667.71
Miscellaneous	26,124.95	22,802.86
	<u>321,499.93</u>	<u>295,950.36</u>
Department receipts:		
Ambulance	\$2,154.79	\$3,334.37
Miscellaneous	418.53	599.95
	<u>2,573.32</u>	<u>3,934.32</u>
Total hospital receipts	<u>\$325,670.67</u>	<u>\$301,918.05</u>
Amount carried forward	\$325,670.67	\$301,918.05

REPORT OF THE SUPERINTENDENT

Amount brought forward \$325,670.67 \$301,918.05

Cash from Treasurer:

Current Expenses	\$171,615.72		\$186,691.76	
Training School Deposit Fund	550.00		250.00	
Permanent Charity Fund	3,176.67		2,765.42	
Surdna Foundation	4,500.20		6,013.83	
Ward A Alterations	176.75		2,210.53	
Out-Door Department Alterations			37.83	
Gift for Occupational Therapy	703.93		1,000.00	
Gift for Social Service Work	1,123.44		265.36	
Radium	10,147.00			
X-Ray Equipment	1,296.00			
Blowey Fund	10.08			
Wallace Fund	42.45			
Lawrence Fund	500.00	193,842.24		199,234.73
GRAND TOTAL		\$519,512.91		\$501,152.78

STATEMENT OF STOCK ON HAND

	1922	1921
Administration supplies	\$2,971.33	\$3,921.07
Professional care of patients	13,192.05	11,785.15
Department supplies	22,566.12	19,472.75
General house and property supplies	2,351.11	2,221.70
	<u>\$41,080.61</u>	<u>\$37,400.67</u>

Report of the Roentgenologist

BEGINNING as an adjunct to surgery, it is interesting to note how the field of usefulness of the X-Ray has broadened. Formerly of value only in fractures, it is now called upon to assist in the diagnosis of disease in all parts of the body, and is valuable to practically every one of the specialties. Of 4,685 patients admitted to the Hospital for observation and treatment, there were 70 examinations by X-Ray for every hundred cases. Of these cases, 42% were on the medical service and 58% on the surgical service. Of all surgical cases admitted, there were 84% examined by X-Ray and of all medical cases 56% were examined in this Department. The balance between ward patients and Out-Door Department patients is even more striking — a total of 3,200 examinations for the former and 3,207 for the latter.

The subjoined table presents interesting comparisons for the past two years, showing a continuation of that moderate but healthy growth instituted by my predecessor, Dr. Reynolds, and in keeping with the growth of the Institution as a whole. The only decrease is in the number of treatments and with a new and more powerful machine recently installed for such work, it is felt that the value of this most recently developed branch of X-Ray will be considerably augmented. In addition to numbers, the Department has increased its equipment, a self-contained fluoroscopic and radiographic unit adding to the facility of examination and relieving the pressure on the other machines. The number of examinations made of specimens and materials and of non-clinical work is an indication of the growth in value to the research worker; the extensive use of the films and records in teaching, both within the Department and in connection with the clinics, indicates its value to the students and to the future development of the science of medicine.

As in other departments, there has been an increase in

REPORT OF THE ROENTGENOLOGIST

the cost of maintenance — the actual cost per patient being fifty cents higher than in 1921. The actual charge for the majority of the Out-Door patients is below this average cost per patient, but in spite of this the Department has again been self-sustaining for the year.

The personnel has changed considerably, Dr. Reynolds leaving in May to take up practice in Detroit, and Dr. Liebman leaving in June to take charge of the X-Ray Department at the Children's Hospital. We were fortunate in securing Dr. E. Stanley Emery, former House Officer in Medicine, who was appointed House Officer to the X-Ray Department in Dr. Liebman's place on July 1st. Miss Munro has efficiently filled Miss McDonald's position as Executive Nurse and Mr. Armstrong was secured as an Extra Technician.

The Department still suffers, due to the inefficient arrangement of the room allotted to it, but plans are on hand for a re-arrangement in a more systematic manner. With this change, the Department will be on a thoroughly equipped basis and at least the equal mechanically of any in this section.

X-RAY STATISTICS

	1922	1921	1922	1921	1922	1921	1922	1921	1922	1921
	No. of Patients		No. of Films		No. of Dental Films		No. Fluoroscoped only		No. of Treatments	
January .	665	600	1,114	810	184	240	5	42	61	40
February	606	539	1,138	892	158	240	1	12	55	34
March .	694	657	1,134	1,009	158	154	7	22	70	49
April . .	601	606	1,177	850	157	129	3	19	49	61
May . .	635	593	1,219	950	190	114	8	7	53	68
June . .	591	533	1,083	862	233	196	4	9	61	92
July . .	608	478	1,123	860	218	54	5	3	54	92
August. .	619	518	1,238	920	147	109	3	5	57	67
September	522	628	982	1,174	272	115	1	4	49	39
October .	565	613	1,139	1,137	192	163	0	6	54	61
November	616	571	1,235	973	268	195	5	7	5	76
December	581	552	1,114	967	280	141	0	7	61	60
Total	7,303	6,888	13,696	11,404	2,457	1,850	42	143	629	739

MERRILL C. SOSMAN,

Roentgenologist.

DECEMBER 31, 1922.

Report of the School of Nursing

THE report of the Committee of the Rockefeller Foundation to survey nursing and nursing education in the United States has been made public during the year. It is a strong instrument for the advancement of sound principles of nursing education. It endorses most of the conclusions of nurse leaders arrived at through years of illuminating experiences. Made up as this Committee was of members both of the medical and nursing professions, and of several who were members of neither but who brought to the solution of the problems a totally different viewpoint, we may assume that the conclusions of the Committee are altogether unbiased and that the problems have been studied from every known angle. In recommending a shortened course for nurses, 28 months, the Committee does not recommend the lessening of any of the theoretical work as now given in the best Schools of Nursing. It does recommend intensified continuation of the present courses, with better correlation of practical experience with the theory taught, and further recommends additional subjects such as the nursing care of contagious diseases and of mental disorders. It emphasizes the need for the elimination of all features of work now demanded of student nurses which are of non-educational nature. It urges the need for endowments for existing Schools of Nursing, and advocates the development and strengthening of University Schools of Nursing of a high grade as of fundamental importance in

REPORT OF THE SCHOOL OF NURSING

the promotion of nursing education and for the training of leaders.

The superior facilities which exist in this medical centre for the establishment of a University School of Nursing have often been cited. We believe that no other centre in the country offers greater advantages for a well rounded preparation in nursing and in the special fields which now demand the services of well trained, well educated nurses. Until co-operation both financial and educational is secured, the Schools of Nursing in the hospitals comprising this medical centre must continue to carry on under the worn-out apprenticeship plan with such fusion of courses and exchange affiliations as may seem practicable, while continuing to give as good instruction as it is possible to provide outside of University class rooms and laboratories.

The end of the year finds this School of Nursing in a very prosperous condition with adequate numbers of students, constantly increasing applications for admission, and less days of illness than in other years. November 6th marked ten years since the arrival of the first class of five students.

These ten years have been a period of rapid growth and development marked by an attempt to establish sound traditions in the skilled, intelligent, and kindly care of the sick.

During this time 488 students have been admitted, 168 have withdrawn, 199 have graduated, 121 are now in the School.

The graduates of the School are scattered from the Atlantic to the Pacific and may be found in France, Alaska, and China.

Twenty-four per cent are doing private nursing or hospital specialling, more than twenty-seven per cent are engaged in the many varieties of institutional nursing work, more than twenty-five per cent are married, leaving

less than twenty-four per cent scattered in small numbers in the various forms of public health nursing.

The outstanding feature of the past year has been the new arrangement for affiliation between this School and the School of Nursing of the Children's Hospital. This cross affiliation has been arranged so that all nurses of this School now spend three months at the Children's Hospital for instruction and experience in nursing care of children, which will be greatly enriched by the addition of the Infants' Department to that Hospital, for which a building is now being erected. All Children's Hospital nurses now come to this Hospital for four months for adult work, which we are able to give them without any interference with the instruction or experience of our own students.

The complete change to the eight hour system of duty for student nurses was recorded three years ago. The class graduating during this year is the first to reap the benefit throughout its entire course of the eight hour night duty. The value of this shortened night duty is demonstrated in that the members of this class are completing their terms of service with less loss of time from illness than any previous class.

The introduction of intelligence tests of the members of entering classes has proved illuminating. The Alpha tests are being used, and are given by a Psychologist from the Massachusetts Psychopathic Hospital. The tests of the first group showed that group to be rated slightly in advance of college freshmen. It is hoped that when applied to a number of entering classes, comparisons may be drawn and conclusions arrived at of considerable value.

It was our good fortune to have the Chairman of the Survey Committee of the Rockefeller Foundation deliver the address at our graduation exercises which occurred on November 10th. Professor C. E. A. Winslow made an able address setting forth the findings of this Committee.

REPORT OF THE SCHOOL OF NURSING

There were thirty members of the class. Mr. Irvin McD. Garfield, member of the Corporation, presided, and awarded the Dr. John P. Reynolds Gold Medal for efficiency to Mabel Florence Booth. Conspicuous in the graduating class was Zing Ling Tai, Chinese student, placed in this School through scholarships from the Rockefeller Foundation. Miss Tai has returned to her own country to join the staff of nurses at Peking Union Medical College, Peking, China, where already are to be found Lila Moore Dalrymple, 1918, and Pearl Moy-Orne, 1920.

The Principal of the School of Nursing has made graduation addresses to the Schools of Nursing of Winchester Hospital, Winchester, Mass., March 14th, the Faulkner Hospital, Jamaica Plain, May 12th, and the Lowell General Hospital, Lowell, Mass., May 31st.

The American Journal of Nursing, in Vol. 23, No. 1, has published "The Importance of Understanding Medical Laboratory Tests," by Mabel McVicker, P. B. B. H., 1918, Assistant Superintendent of Nurses.

Modern Hospital, in Vol. XIX, No. 2, has published "Care and Upkeep of Surgical Instruments," by Marguerite Robb, P. B. B. H., 1918, Supervisor of the Operating Rooms.

Fewer changes than usual have occurred on the nursing staff. Eunice Mae Woodman, P. B. B. H., 1918, has resigned to take a position at the Rhode Island General Hospital. She has been succeeded as Medical Supervisor by Lucy Helen Beal, P. B. B. H., 1919.

Anettie Munro, P. B. B. H., 1917, has joined the staff in the X-Ray Department.

Ruth Emily Hemenway, P. B. B. H., 1921, became Night Supervisor October 1st, replacing Helen Katheryn Way, P. B. B. H., 1918, Miss Way having resigned to take a course in the administration of anesthetics.

Early in the year, a loss was sustained in the resignation of Alice Maude Hunt, who went to New Haven as Chief

PETER BENT BRIGHAM HOSPITAL

Anesthetist in the New Haven Hospital and Instructor at Yale Medical School. She was succeeded by Eva Dickson, graduate of the Newton Hospital.

Elsie Sayles Chase, P. B. B. H., 1921, has become an assistant in the operating room replacing Miriam Murray, P. B. B. H., 1919.

Dorothy Mary Clancy, P. B. B. H., 1921, has also joined the staff in the operating room replacing Lowell Carter, P. B. B. H., 1920.

Jane Hashagen, P. B. B. H., 1921, received a five month course in the administration of anesthetics following which she went to Yale in China as Anesthetist.

Gertrude Mary Gerrard, P. B. B. H., 1915, continues as Anesthetist and Instructor in administration of anesthetics, having served the Hospital either as student or graduate nurse with the exception of her period of over-seas service since the 6th of November, 1912.

Helen Mildred Blaisdell, P. B. B. H., 1918, Practical Instructor, has continued to conduct demonstrations in nursing procedures to fourth-year Harvard Medical Students. She has also given twenty-five hours of teaching and demonstration to each incoming group of Children's Hospital affiliated nurses.

We have continued to supply class room space for senior students from Simmons College who come here for demonstrations in home nursing.

During the year fifty-two pupils have been admitted to the preliminary course, thirty-seven students have graduated, seven have withdrawn from the School. The enrollment of graduate and student nurses at the end of the year is as follows:

Superintendent of nurses	1
Assistant superintendent of nurses	1
Instructors	2
Supervisors	4
Night supervisor	1
Graduate nurse anesthetists	2

REPORT OF THE SCHOOL OF NURSING

Graduate head nurses of wards and assistants in departments	15
Masseuse	1
Student nurses	98
Pupils in preliminary course	23
<hr/>	
Total	148

CARRIE M. HALL,
*Superintendent of Nurses
and Principal of School of Nursing.*

DECEMBER 31, 1922.

Social Service Department

AS TIME goes on and medical social service is established more generally as an integral part of hospitals, the question arises whether the relationship between it and the medical profession is as close as it might be with profit to both. What is the attitude of our doctors today towards medical social service? Do they feel that it is a service which, on the whole, is well to have for the humane treatment of their patients but otherwise find it rather a bore, or do they discern that medical social service is able to contribute something to the field of medical science? To some of us it seems that medical social service is clinging to the profession like a man to the tail end of a balloon. As long as we can keep our grip we can sail with the balloon, but once we lose our hold we are no more a part of it. Probably there are two principal reasons for this seeming lack of affiliation: 1 — Most social workers in the past have not had sufficient education and training to give any contribution to medical science. 2 — Medical students have not had sufficient training in the social aspects of disease. They have not been taught to appreciate the fact that to treat a patient and then send the patient back to the very conditions which may have caused or at least aggravated his illness is to treat one aspect of a human life, and that perhaps futilely.

The standards of training for social work have been far behind those of other professions. Nursing for instance has developed standards for training far ahead of those for social work, and nursing as a profession is only a few years older. To be sure the former has for its laboratories the wonderfully-equipped, splendidly-organized hospitals,

SOCIAL SERVICE

and for its teachers, professors of medical science than which there is no more highly developed science today. And the social workers, what have they for a laboratory but the inchoate, ever-changing, irresponsible structure of society? But because of the unstable material which is their medium, there is all the more reason that the preparation for their work should have high standards. And standards are being raised—already in some schools of social work a college diploma is one of the requirements for entrance and the one-year course is being made into a two-year course.

The standards of training in medical schools are also getting higher and the field of medicine broader. For instance, the social background of patients is emphasized in such courses as Industrial Medicine and Public Health; and there are instances of individual medical men who include social service in their plan for treatment and the study of disease.

Perhaps there never has been a more forceful argument for making medical schools and hospitals a social factor in the community than the Report of the Committee on the Training of Hospital Executives, published in 1922 by the Rockefeller Foundation. I would advise every one interested in this subject to read this report. In the paragraph on Hospital Organization it states "A patient in the last analysis is only a human being either with or threatened with incapacity, physical or mental. He represents the cross section of a human life and as such is the resultant of many forces in the past—hereditary, industrial, environmental, economic, social—which may have conspired to predispose or contribute to his present condition. It is frequently quite as necessary, then, to understand and to interpret these human and social factors as it is to appraise technical and biological factors in order to secure a correct diagnosis, to guide treatment intelligently and to propose methods of pre-

vention. The administration of a hospital under this conception must necessarily be based on the community as the unit of operation, not the institution."

It is in the so called group work such as our Cardiac Clinic that the social worker has the best chance to show that she has something of real value to contribute to the medical treatment of the patient, for these small selected groups of patients with a similar disturbance give a good opportunity for the study and investigation of both medical and social problems.

CARDIAC CLINIC. This Clinic is a group of patients with heart involvement which meets in the Out-Door Department every Friday afternoon. It is a referred clinic, every patient having a thorough physical examination in the house or the general medical clinic in the Out-Door Department. Each patient is carefully watched for symptoms other than cardiac symptoms and if any occur are referred back to the general clinics for that particular symptom. The social worker is with the doctor when he examines the patients and makes note of the treatment advised and any recommendations. She talks with each patient before and after this examination and thus establishes personal contact with them all. She visits the patients in their homes to see if the patient is able to follow out the doctor's recommendations, and when they are children she visits schools in order that the patient may have his régime there planned in view of his handicap. She brings back to the doctor information which gives the doctor a better understanding of his patients and some idea of the difficulties which stand in the way of a good prognosis. When a doctor finds out through the social worker that the reason a patient whom he has been treating shows no improvement is because he is living under bad hygienic conditions, he realizes that only by correcting these conditions can he hope to make his treatment effective. For the first time perhaps he gets a

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perspective of what medicine and social service together can accomplish.

LUETIC CLINIC. Another special group for whom intensive social service is done are the luetic patients who present problems peculiarly their own. Closely related to these problems are the sex problems of misconduct and unmarried pregnancy. Grave as are the errors found in this group, kindness and wisdom must be used with these patients, for many conflicting influences have marred their lives. Some regret their mistakes, a few are not to blame for their condition, and others are wilful and irresponsible. Of inestimable service to the community is the treatment and education of these patients. No diseases are so common as theirs or cause more suffering and disability to the patients themselves and to their innocent wives and children. The main effort of the social worker is to make them understand the necessity of having regular treatment for a certain period of time, to supervise the follow-up system, to check up their attendance to the Clinic, and to urge patients to have members of their families or friends exposed to infection examined. Besides this intensive service, other social problems common to all patients come up in this group such as financial difficulties, arrangement for hospital or chronic care, convalescent care, transportation, transfer of patients to other clinics.

Social work in the Diabetic Clinic has been limited this year due to the necessity of having a social worker for only one day a week the greater part of the year.

Outside the above-mentioned groups, social service has not attempted intensive work for other special clinics. All other patients are referred from more general groups and represent a wide variety of medical social problems. Many patients referred from the Out-Door Department to the House are sent to Social Service for steering to Admitting Office. When the need for operation or hospital

care is urgent and the patient is unable to make his own arrangements preparatory to entering hospital, social service notifies the patient's family and helps in any plan necessary until the patient can return home. Sometimes children have to be placed in another home or a house-keeper provided. If it is the breadwinner who is ill, financial support may have to be secured for the family. These are only a few of the innumerable services performed by the social workers and a better idea of the multitudinous tasks devolved on them could not be better illustrated than by the report of the worker in the Surgical Clinic, printed in a separate report.

Many hospitals today have in their service earnest, sometimes perhaps over-zealous, women who are called social workers. The type of woman and her training are constantly improving. What use are hospitals going to make of this energy and zeal? These workers will not be content merely to arrange for convalescent or permanent care, provide apparatus, raise money for food, find employment, listen to grievances, give advice and help, and a hundred and one things social workers are asked to do, unless they are co-ordinated with other professional groups in the hospital in the treatment and study of the patient. In the annual report of last year, Dr. Christian writes that unless the House Officers have sufficient time for special studies, the work of the Resident Staff will become such a dull routine that it is almost inevitable that the men seeking such jobs will be correspondingly dull and stupid. This might apply to the social workers, for they as well need the stimulus of study and research.

A very interesting and important development in this Department this year is the organization of a Social Service Committee. There is no doubt that a woeful lack of understanding and interest exists among people generally about the field of social service. Neither do they understand the principles underlying social work nor the

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concrete difficulties that arise in human relations. Social workers have been at fault in not getting over to the public facts concerning the difficulties and possibilities of our social contacts. The trend of thought among social workers today very noticeably is towards correcting the situation. One important channel for thus disseminating information regarding social conditions is through groups of people representing the community who meet with social workers to hear social problems discussed.

Meetings of this nature have been held with our Social Service Committee at the hospital once a month beginning in October. The ladies of the Committee have seemed interested in our social problems and have been helpful with suggestions and in practical ways. They have raised money this year to pay the greater part of the salary of one worker. They also had charge of the Christmas celebration in the wards of the hospital which was heartily enjoyed by patients and members of the hospital staff alike. The Committee, too, greatly assisted in the sale held at the hospital in December for the benefit of the Occupational Therapy Department.

This department is very glad to have a Social Service Committee for we feel we now have an opportunity through the Committee of fulfilling this obligation of interpreting our work to the community. We also hope through the Committee's kind interest and financial help to develop our department better and more efficiently.

Because of this innovation in the Social Service Department we were interested to know what other hospitals were doing in regard to committees. A brief survey was made for this purpose. Questionnaires were sent out to 94 hospital social service departments and answers from 48 of these were received:

32 departments had social service committees.

16 departments had no social service committees. (4 of these were state hospitals.)

PETER BENT BRIGHAM HOSPITAL

Of the 32 Departments that had committees:

19 had a financial and advisory function.

13 had an advisory function only.

20 received partial support from funds raised by committees.

5 received partial support from community chests.

7 were wholly supported by their hospitals.

The majority of social workers think their departments should be supported by their respective hospitals, but agree that outside funds should be accepted until hospitals are able to wholly finance their departments. A few believe that hospitals are fully justified in accepting financial aid from outside committees for the partial support of their social service departments inasmuch as hospital funds are needed for further medical study and research.

Occupational Therapy has been carried on during the past year, with the exception of two months in the summer, by one worker with the assistance of five students from the School of Occupational Therapy for two months in the fall. During the year 176 patients have been instructed in basketry and other crafts, a few of these cases being referred for treatment by the doctors.

The annual Christmas Sale, at which candy and cake in addition to the articles made by the patients were sold, was a great success and the proceeds, amounting to about \$220.00, will go towards the purchase of supplies for the coming year.

There have been two changes in the personnel of the department this year. Mrs. Ruth H. Cheley, worker in the Cardiac Clinic, resigned in March to return to her home in Denver, Colorado. We were sorry to lose so able and efficient a worker. She was succeeded by Miss Thekla Andren, formerly with the Children's Mission and the Homeopathic Hospital. Miss Beatrice Hardy, Occupational Therapy worker, resigned in September to take a position in the Mayo Hospital, Rochester, Minn. It was with regret that we accepted her resignation but we

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felt that she was justified in leaving as the financial situation in Occupational Therapy was very dubious. Miss Anna P. Revere volunteered her services for the remainder of the year.

The Motor Service of the American Red Cross gave the same invaluable service of former years in bringing patients to the hospital for treatment who were unable to travel by street cars; in all about 350 trips were made.

Financial aid was given by the Permanent Charity Fund Incorporated as in the past four years for which the Social Service Department wishes to express sincere appreciation.

Twice a week the headworker reports at Dr. Howland's office and there confers with him and the Assistant Superintendent concerning any questions which come up for discussion. Occasionally one of the Trustees is present. These conferences are of very great help and assistance to the worker.

We take this opportunity to gratefully acknowledge the fine spirit of friendliness and helpfulness manifested throughout the hospital and the generous co-operation of our friends in the community.

Number of patients referred for whom some form of social record was made	1,267
Brought forward from previous year	118
New patients	1,024
Reinstated during the year	125

These new and reinstated patients were referred from:

	House	O.P.D.	Total	
Medical Service	103	390	493	
Surgical Service	71	115	186	
Admitting Office	28	19	47	
Urological Service	12	20	32	
Social Service	30	40	70	
	<hr/>	<hr/>	<hr/>	
	244	584	828	
Outside Agencies			321	
			<hr/>	
			1,149	1,149

PETER BENT BRIGHAM HOSPITAL

SOCIAL TREATMENT

Supervised in Heart Clinic	177
Supervised in Diabetic Clinic	151
Employment or adjustment of work	35
Education of handicapped	4
Further medical treatment.	118
Convalescent care	73
Permanent care	25
Rest and vacation	10
Private hospitals and sanatoria, referred to	14
Sanatoria for tuberculosis, referred to	50
Nursing care in the home	33
Advice and supervision	30
Institutional care	3
Co-operation with Red Cross	11
Instruction and supervision in hygiene	21
Procuring apparatus	20
Material aid through co-operating agencies	28
Care of children	9
Transportation or escort.	27
Providing care for unmarried maternity	18
*Patient makes own plans	46
Aid unnecessary	28 ¹
Steering, a service rendered outside agencies whereby patients sent by them for medical treatment are guided to their respective clinics and a report of diagnoses, prognoses, recommendations given to agencies referring	226

There has been a follow-up to secure the return of the patient to the Clinic for further examination or treatment:

	Luetic Clinic	General Clinic
Patients followed	728	928
Follow-up letters	958	220
Follow-up postals.		645

* This often means a good deal of time and effort given by the social workers in helping the friends arrange for the patient's after-care.

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Of the many social problems found in this group are:

Bad housing	Moral neglect
Disability from industrial disease	Non-support of family
Drug habit	Old age
Feeble-mindedness	Physical neglect
Illegitimacy	Poor hygiene
Inability to face problems	Poverty
Inadequate income	Psychopathic inferiority
Intemperance	Separation from family
Medical neglect	Unemployment

STAFF OF WORKERS

House Medical, General Department

MISS ALICE M. CHENEY

Heart Clinic, General Department

MRS. RUTH H. CHELEY

March 1920 to March 1922

MISS THEKLA ANDREN

March 1922

MISS KATHERINE A. HOMANS, *Volunteer*

Diabetic Clinic, House Medical

MRS. FLORENCE W. MARK (part-time)

Luetic Clinic

MRS. LIDA T. PARKINS

House and Out-Patient Surgical

MISS MINA M. BROWN

Occupational Therapy

MISS BEATRICE HARDY

June 1920 to August 1922

MISS ANNA P. REVERE

June 1922

PETER BENT BRIGHAM HOSPITAL

Admitting Office, Out-Door Department

MRS. IDA V. SMITH (half-time)

MISS MARIE T. SULLIVAN (half-time)

Clerical Staff

MISS ZILPHA L. DOANE

September 1921 to September 1922

MISS EDNA R. McDONOUGH

October 1922

MISS SARAH SCHWALB (half-time)

November 1922

ALICE M. CHENEY,

Director of Social Service.

DECEMBER 31, 1922.

Report of the Pathologist

THE figures for the Department are as follows:

Autopsies, Medical Service.	104
Autopsies, done outside for the Medical Service	5
Autopsies, Surgical Service.	38
Autopsies, Neurological Service	23
Autopsies, done outside for the Neurological Service	4

Total number of autopsies. 174

General Autopsies	158
Neurological Autopsies	28

186

Autopsies	174
Cases counted twice	12

186

Reports on Surgical Specimens	1,053
Reports on Neurological Specimens	97
Reports on Bacteriological Specimens	1,039
Guinea-pig inoculations for suspected tubercu- losis	202

Total 2,391

There were 262 deaths in the Hospital, 152 in the Medical service, 83 in the Surgical service and 27 in the Neurological service. Twenty-one deaths were assumed by the Medical Examiner to be of Medico-legal import and disposal of these bodies was directed by him.

PETER BENT BRIGHAM HOSPITAL

The percentage of autopsies for the year, 68 per cent, is the highest in the history of the Hospital. The percentage of post mortems for the various services is Medical 70 per cent, Surgical 56.8 per cent, Neurological 92 per cent.

The number and percentages of autopsies for all years are:

Year	No.	Per cent
1922	174	68.0
1921	158	62.8
1920	155	58.2
1919	102	40.0
1918	145	40.0
1917	114	55.6
1916	113	49.54
1915	101	47.6
1913 and 1914	147	58.5

The number of surgical and bacteriological examinations made each year are:

Year	No.
1922	2,391
1921	1,984
1920	1,826
1919	1,628
1918	2,224
1917	1,248
1916	1,140
1915	1,030
1914	847

These figures show a steady increase each year in the volume of work done by the Department. In 1922, 1,053 surgical specimens were reported upon as compared to 881 in 1921; there were 1,241 bacteriological reports, including inoculations for tuberculosis, as compared with 817 in 1921.

It is a pleasure to acknowledge the response of the Trustees to the recommendations stated in previous reports. The installation of a trained Bacteriological Technician and the creation of a position for an additional

REPORT OF THE PATHOLOGIST

Pathological House Officer promise to relieve the pressure of routine work and to increase the output of original work.

It is also a pleasure, as well as a duty, to acknowledge the important rôle of the Laboratory in the teaching of pathology to medical students. Through the generous co-operation of the Resident Pathologist, Dr. George H. Hansmann, and the Pathological House Officer, Dr. Benedict Reifenstein, the post-mortems and surgical material are so utilized that every specimen is shown to every student in the second-year class in Pathology.

The only change in the personnel of the Department is the succession of Dr. Benedict Reifenstein to Dr. Frank Fremont-Smith as Pathological House Officer.

Publications

QUINLAND, W. S. Congenital Malformation of the Intestine, Atresia and Imperforate Anus. A report of twenty-seven cases. Boston Medical and Surgical Journal, December 14, 1922, p. 870.

WOLBACH, S. B. New Growths and Cancer. Harvard Health Talks. Harvard University Press, Cambridge, 1922.

S. B. WOLBACH, M.D.,
Pathologist.

Report of the Surgeon-in-Chief

A DECENNIAL is upon us almost before we are conscious of our responsibilities, and with the hospital emerging from its kindergarten age it is well to make some plans for the child during its coming and difficult teens. The second decade is generally recognized as a particularly uncertain and trying one, the more likely to be so if there have been some indications of precocity. The more promising the youngster, the more easily it may be spoiled and thereby prove the greater disappointment. Moreover, we are passing through a postbellum period of flapperism, fads and superficiality, which is likely to influence and mislead young institutions as well as young folks.

The precise day of birth of a hospital often comes to be a matter of some difference of opinion. If we followed the oriental custom whereby age is reckoned from the time of conception, the date, as recorded in the will of the Founder, was the second day of May in the year of our Lord one-thousand eight-hundred and seventy-seven. On this basis, thirty-five years of expectation elapsed before the fall of 1912, when the original staff of attendants for the infant were gathered. Impatient of further delay, some of these people finally advocated an acceleration of labor, and, with some misgivings, what may be properly regarded as the birth of the hospital was induced when, on January 27, 1913, its first bed-patient was admitted. On this date, therefore, the soul of the hospital, which has little to do with its structural characteristics, came into being; and a few months later, midst a confusion of brick, concrete and scaffolding, on April 30, 1913, the

bottle-fed infant received its baptism at the hands of the lamented Sir William Osler.

To be sure, a makeshift out-patient service at the Harvard Medical School had for some time been in operation; for two years, also, the first hospital administrator knee-deep in blue-prints had occupied an office in an old building on Huntington Avenue where the hospital mail was addressed, whereas the nucleus of the Training School for Nurses had been living for a time in what was to be his official residence. But preparations alone do not make a hospital. Without patients it is an empty bassinet; and it was a matter of some uncertainty as to whether the institution, after all its long years of expectation, would become an obscure local almshouse or a teaching hospital of national reputation. Under these circumstances, in January, ten years ago, Ward A, the first building completed, was turned into a makeshift surgical unit and the hospital began its actual life.

These things were all distinctly premature, and occurred, it is to be feared, somewhat to the distress of the Board of Trustees who were anxiously awaiting the completion of the entire plant in anticipation of appropriate ceremonies. But this time has never come, for a hospital garb is never completed any more than will a particular costume long continue to fit a growing child. Even did fashions not change, successive alterations with patching and lengthening are insistently demanded, for the need of expansion particularly in the gawky age may seem to occur over night. There is, in short, no stationary period. Indeed, when growth ceases, decay often begins to set in. And when this calamity occurs, as it may in infancy as well as in old age, only with effort may the institution or individual again be revived — a process which becomes increasingly difficult should content, indifference, discouragement or inertia affect the attitude of the guardians.

There is no gainsaying that in places our clothes are unduly snug and uncomfortable. From the outset, provision for living accommodations of our house staff has been inadequate, and this year by year becomes accentuated because of the enlarging number of volunteer associates whose availability as co-workers would be greatly increased could they live with the residential staff as internes in the hospital.

Our nurses' quarters, likewise, have become outgrown; and the astonishing expansion of radiology into the fields of diagnosis and therapy during the past ten years make a crying need for an enlargement of the quarters for this important department which has come to take over all forms of radiotherapy.

But in spite of these and other equally obvious defects, up to the limits of our purse, and so far as the lights of those in authority have shown the way, we have done reasonably well in our short decade of existence; and, though not a large institution, the hospital has come to be reckoned among those of repute and with something more than a local name. Than this nothing could be more gratifying, and the somewhat envious appreciation of our institutional life and opportunities expressed by those who know us best, must give us comfort. But we cannot sit back and plume ourselves on these things, for self-satisfaction precedes a fall, be it cultivated by an institution or a human being.

As is quite natural and proper, our youthful activity and freedom from local conventions has reacted on our elder and sister institutions. The Massachusetts General Hospital has adopted, indeed improved upon, some of the very innovations we inaugurated; and the Boston City Hospital, with the backing of the city purse and freed from the incubus of politics, should become a local institution with which no other could compete. This hospital, indeed, has already enticed away from us one of our most

REPORT OF THE SURGEON-IN-CHIEF

valued colleagues. We could have received no greater compliment and should pride ourselves on being a training-ground. Still, it may be either a sign of vigor or weakness for a hospital to lose desired members of its staff — of vigor if the post can immediately be filled, of weakness if no worthy successor to the position is in sight.

A friendly rivalry between local institutions is something to be encouraged; and competition for house officers, associates and even staff officers, we shall always have to face. And may we never become so insular as to prefer the product of our own school to that of other institutions, or to feel slighted if someone we would like to retain is lured away by an attractive call elsewhere.

One of the dangers of institutional age is the cultivation of an ingrowing staff and we must strive against that habit of in-breeding which fosters conservatism and sees no good in other schools and hospitals. There is no better indication of our health and vigor than the desire of others to take grafts from us and our ability to fill these gaps through scions a fair proportion of which should be clipped from schools other than our own.

Every hospital has a distinct character of its own, which is nothing more than the composite of the characters of those who come in contact with its patients, be they people at the telephone, at the admitting office, in the corridors or at the bedside. It is this — the local color or spirit of a hospital — which no possible effort or desire for standardization, beneficent as the movement may be, can alter or should be permitted to alter. If the spirit is good, and patients leave the institution even as they sometimes must do with their ailment unrelieved yet with a kindly feeling for our efforts and good intent, we have gone a long way toward meeting the object for which hospitals were first established — a place for rest, for comfort of the sick, for kindly advice and counsel. And in my somewhat varied experience with hospitals

I know of no place where, in the long run, there is less friction and more kindly feeling and consideration shown for patients than here. Psychotherapy is perhaps the most important therapeutic agent we possess, be it administered unconsciously or otherwise, and since effective psychotherapy is bred of confidence, a friendly and comfortable relation between patients and their attendants — nurses, house officers, staff or domestics — alone makes this possible.

The patient, in short, must not get lost. There have been many amusing skits written about some of our highly organized American hospitals in their efforts to attain efficiency — hospitals in which patients, with the least possible loss of time, properly ticketed and labeled, are shot between admission and discharge, all the principles of piece-work and the labor-saving devices known to Armour and Co. and the Ford automobile factory meanwhile being employed.

Much smoke betrays some fire, and there may be a modicum of truth in some of these burlesque accounts, written by foreign observers, of our American hospital tendencies. A wise physician of an earlier day tells me that he sees in the younger generation a new attitude of mind in which the patient as an individual tends to become forgotten in the multiplication of machines employed to find out what may be the matter with him. Until preventive medicine brings us to that wished-for Utopia where there will be no disease, the individual overtaken by some malady will have to be provided for; and so long as he remains an individual, the hospital he enters and those brought in contact with him will do well to remember this fact, however much they may be interested in teaching and research, and time-saving devices adaptable to the factory.

It is a demand for this personal element in therapeutics which falls particularly heavy upon those clinicians who

REPORT OF THE SURGEON-IN-CHIEF

give their entire time to their institutional work, and it is an element not entirely appreciated, I sometimes think, by our preclinical and university colleagues — not appreciated, at least, until these people or their kinsfolk or children are stricken by some critical malady which requires hospitalization. To the appeal of the anxious or the afflicted the clinician is expected to respond, indeed must cheerfully respond, whether fatigued by what has gone before or in need of rest for his scheduled program of tomorrow.

It is in this relation to the public that the full-time physician or surgeon — and particularly the surgeon, for many medical ailments can wait — may find his position somewhat anomalous when compared with that of his academic colleagues. This is particularly true in smaller university towns where pressure can be brought to bear upon the professor to interrupt his investigations or even leave his well-earned rest because someone whose goodwill must be retained has a treasured chauffeur with an attack of appendicitis whose operation cannot be entrusted to an assistant. But people do not call upon the Professor of Engineering in the middle of the night when their water-pipes burst or their electric current is cross-circuited.

This then, all admit; that the primary duty of hospital attendants is the care of the patients, and without question the more time they spend in the institution the better and more intimate this care is likely to be. And what I wish particularly to emphasize is the personal element as an essential feature of care-taking — an element just as vital to the good name and success of a hospital as is the existence of acknowledged professional learning and skill, whether on the part of nurse or doctor, in ward or out-patient clinic.

Relations with the School. Our proximity to the Medical School has from the outset obliged us to accept the un-

qualified rôle of a university hospital. This fact places burdens upon us which are very unequally shared by the other major hospitals with similar school affiliations but more remotely situated. With our existing organization every member of the surgical staff from top to bottom, whether or not his name appears on the school catalogue, shares in some measure the responsibility for the instruction of students, which in some sort goes on, the year round. Though for some this arrangement is unduly onerous, its advantages to the institution outweigh any personal disadvantages to the staff, many of whom in confining their activities to the hospital make sacrifices in other directions as well, in order to attain what after all is the important goal — the reputation of the hospital and school rather than of the individual.

A somewhat peculiar and rather loose bond unites the Harvard Medical School and its several associated hospitals. In view of their widely different forms of organization it is impossible that the ties which hold school and hospital together should be alike in all instances. In the Brigham Hospital all its chiefs of service are appointed by mutual agreement with the school in which they hold professorial posts. Consequently their juniors, including a highly trained residential staff, automatically come to share in the instruction of students for which they receive scant or no remuneration. There are other ways in which the hospital plays into the hands of the school. Thus, instead of building up a working library of its own, which would be a great convenience, it gives \$800 a year toward the school library, even though the books are far less accessible than had we a working library of our own. The hospital, too, owing to the convenience of its clinical amphitheatre, provides a teaching space which is used for students for more hours a year than any of the school amphitheatres.

Our two services, medical and surgical, differ in one

REPORT OF THE SURGEON-IN-CHIEF

respect in their relation to the school. This difference concerns the use of research laboratories. The laboratories most actively employed by the medical staff are in the hospital, which provides all of their funds for research. The laboratory of surgical research, on the other hand, open to workers from all hospitals, continues to be conducted in the school, from which it receives a most inadequate budget, so that the funds for its support have largely been raised by solicitation from outside sources, even though most of the second-year teaching is done in these rooms.

All these irregularities call for sympathetic coöperation and a considerable amount of give-and-take on the part of the affiliated institutions. We possibly may look forward to the day when the school and the entire group of hospitals clustering about it may come to be drawn closer together by the interlocking of Boards and administrative centralization of some sort. Such cordial relations as have long existed between ourselves and our neighbors at the Children's Hospital, with an interchange of nurses and of hospital visits on the part of the staff, is a straw pointing in the direction of a union of some sort. But even though we sometimes feel that we give to the school more than we get in return, such arrangements as are made must be a matter of unselfishness and good-will on both sides of Van Dyke Street — a zone which must be freely crossed, and not through barricades become a no-man's-land between our mutually dependent institutions.

It has become apparent that only the exceptional of the younger men engaged in clinical work can at the same time find opportunity for research. We had hoped, by giving a sufficient amount of freedom to all house officers, that each of them might have been able to put on paper the result of some study, clinical or experimental, before finishing their sixteen-months' service. But even the

men of residential grade with few exceptions find scant time for anything more than their routine duties. Consequently, we are tending with some reluctance toward a research group as distinct from a clinical group, and it would be extremely desirable if those of the junior staff who stay with us longest could all have, as does the Arthur Tracy Cabot Fellow,* a full year for research in our own or some other laboratory, freed from the often imperative demands of the bedside and operating room. There is no question but that for a full rounding-out of a preparation for surgery this is an essential step.

The increasing activity of the service brings heavy pressure on the senior members of the staff, but even more so on the Resident and his assistants, and that some of them have been able to squeeze in time for research or writing is particularly to their credit. The preparation of papers is a time-consuming task, and they are often long delayed by the journals to which they are submitted. Hence the lists of publications given in these successive Annual Reports do not actually represent the year's produce. Indeed, some papers which represent studies conducted here or prepared for publication here may not appear in print for a year or two after the author has left our household.

Publications for the Year 1922

BAILEY, PERCIVAL. *Die Funktion der Hypophysis Cerebri. Ergebnisse der Physiologie*, Herausgegeben von L. Asher und K. Spiro, 1922, Band XX, No. 4, pp. 162-206.

BAILEY, P., with MARIE, P., and BOUTTIER, H. *La Planotopokinésie. Etude sur les erreurs d'exécution de certains mouvements dans leurs rapports avec la représentation spatiale. Rev. Neurol.*, mai 1922, T. XXXVIII, pp. 505-512.

*This is actually a school appointment, placed in the hands of the Moseley Professor of Surgery. But since a research worker profits greatly by being brought in contact with a clinical group, the Fellow in Surgery each year receives a Brigham Hospital appointment as well, which carries with it certain hospital privileges.

REPORT OF THE SURGEON-IN-CHIEF

- BAILEY, P., with MARIE, P., and BOUTTIER, H. A propos des faits décrits sous le nom d'Apraxie idéomotrice. *Rev. Neurol.*, juillet 1922, T. XXXVIII, pp. 973-985.
- BREMER, FRITZ. Contribution à l'étude de la physiologie du cervelet. La fonction inhibitrice du paléo-cerebellum. *Arch. internat. de Physiol.*, 15 juillet, 1922, XIX, pp. 189-226.
- CHEEVER, DAVID. What medical and surgical statistics should be published in the annual hospital reports? *Boston M. & S. J.*, Aug. 10, 1922, CLXXXVII, pp. 199-202.
- The teaching of anatomy in the medical school. *Harvard Alumni Bull.*, Dec. 7, 1922, XXV, pp. 301-305.
- CUSHING, HARVEY. A large epidermal cholesteatoma of the parieto-temporal region deforming the left hemisphere without cerebral symptoms. *Surg., Gynec., & Obst.*, May 1922, XXXIV, pp. 557-566.
- Les syndromes hypophysaires au point de vue chirurgical. *Rev. Neurol.*, juin 1922, XXXVIII, pp. 779-808.
- The cranial hyperostoses produced by meningeal endotheliomas. *Arch. Neurol., & Psych.*, Aug. 1922, VIII, pp. 139-152.
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Changes in the Staff. The senior members remain as a year ago; only among the Associates and Assistant Residents have changes occurred. On the opening of the school year, Dr. W. J. Merle Scott succeeded Dr. R. C. Graves as Arthur Tracy Cabot Fellow in charge of the Surgical Laboratory, and Dr. Graves in turn succeeded Dr. Lanman as an Associate in Urological Surgery and supervisor of that service in the Out-Door Department. Dr. Bailey after a year at the Salpêtrière as assistant to Professor Marie came back to us in the Fall as an Associate in Neurology. Dr. Paul Martin after an eighteen months' service as Assistant Resident in Neurology returned to the University of Brussels and has been succeeded by Dr. Kenneth G. McKenzie, the appointee of the University of Toronto to receive the Mickle Fellowship fund. Dr. Charles H. Jameson was succeeded during the year by Dr. James J. Joelson of Columbia as Dr. Quinby's Assistant Resident. Dr. Daniel W. Wheeler unhappily was unable to complete his service as an Assistant Resident owing to ill health. Of the two Assistant Residents on the general surgical service, Dr. Judson A. Smith seeks the appointment as Resident Obstetrician at the Lying-In Hospital, and Dr. Daniel W. Sooy has been made Resident Surgeon at the University of Cali-

fornia Hospital. They were succeeded by Dr. A. Elmer Belt who has come here from the University of California and by Dr. D. C. Elkin, a former house officer. Dr. Francis Newton has continued for a second year to hold the difficult and responsible position as Resident Surgeon in which he has shown not only unusual skill as an operator but ability as an administrator and teacher.

Surgeons-in-Chief Pro-Tempore. In view of the approaching celebration of our tenth anniversary our youth is made the more apparent by the fact that St. Bartholomew's Hospital in London is planning to celebrate its octo-centenary the coming June. We have a special interest in this for the reason that one of the surgeons to this famous hospital, Mr. George Gask, two years ago temporarily occupied the position of surgeon-in-chief to the Brigham Hospital. For a two-weeks' period the past summer the writer returned this visit and was honored by being asked to sign the Register of St. Bartholomew's Hospital Medical School, thereby becoming a "perpetual student" of Bart's.

The experience was a most informing one and if Mr. Gask gained from his sojourn with us a fraction of what I gained from occupying his post in exchange, it makes certain that we have hit upon a very satisfactory way — indeed the only way — whereby a teacher in one school and hospital may acquire in a short time as an actual participant in its activities an indelible impression of the character and personality of another institution. With this, the confused and hazy impressions which are usually carried away by the peripatetic visitor at a succession of schools and clinics, are in no way to be compared.

The customs and traditions as well as the organization of these two hospitals are as different as could well be imagined. At St. Bartholomew's — a hospital for centuries before it came to establish a medical school within its walls — one of the several surgical services has recently

been put on a full-time basis as a teaching unit under Mr. Gask. In contrast, at the Brigham Hospital — an independent foundation which nevertheless becomes by force of circumstances a university teaching hospital — the entire surgical staff give their full time, though on a more generous financial basis than that accepted by the single teaching unit at St. Bartholomew's. The difference in these two programs was commented upon in an earlier (1920) issue of this Annual Report.

In the spring of 1922, another great London hospital, St. Thomas's, loaned us for the period of two weeks one of its surgeons, Sir Cuthbert S. Wallace, who at the same time is Dean of St. Thomas's Hospital Medical School. He, too, lived for the period of his sojourn in the hospital with the junior staff, shared in their work and activity and probably learned more about us and our shortcomings than he was willing to tell.

One thing that both he and his predecessor commented upon in regard to the life of our hard-working medical students was the lack of organized inter-hospital sports such as thrive in London. With us sports play a large rôle only in the life of our college undergraduates. They are largely dropped by graduate students and for those in medicine no provision whatsoever is made. Our situation in Boston is of course very different from that in London, for our medical students drift from hospital to hospital, all of them affiliated with a single school, and they consequently feel no such inter-hospital rivalry as exists between the various London hospitals and their individual schools. But even though in our isolation from the university and its large playgrounds major sports in which students may engage are hardly feasible, inter-hospital competitions for our house officers are at least possible, and to encourage this Sir Cuthbert left his small honorarium to establish an inter-hospital tennis trophy which, as the Wallace Cup, will in future years

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be played for by the house staffs of the major Boston hospitals.

Surgical Tabulations. Our own experience and a study of the situation in other hospitals leads to the conclusion that a service of about 125 beds which are kept filled represents as large a unit as a single staff under our present form of organization can well cover if the cases are studied in meticulous detail; it provides, moreover, a sufficiently varied material for teaching and investigative purposes. In previous reports a table has been given which presents in condensed form certain percentages relating to the therapeutic activities of the surgical service. Including figures for the past year the table stands as follows:

Year	Discharges	Deaths	General mortality %	Diagnoses	Excess % of Diagnoses	Patients operated upon	Case % operated upon	Operations recorded	Post-operative deaths	Case mortality %	Operative mortality %
1913	690	35	5.00	690	0	477	69.1	693	29	6.0	4.2
1914	1474	83	5.63	1474	0	992	67.3	1361	61	6.1	4.5
1915	1780	89	5.00	2366	32.3	1328	74.6	1526	72	5.4	4.7
1916	1921	93	4.84	2348	22.2	1422	74.0	1632	68	4.8	4.1
1917	1947	74	3.80	2533	30.9	1457	74.8	1639	54	3.7	3.2
1918	1785	71	3.97	2315	29.6	1304	73.1	1474	61	4.7	4.1
1919	2021	102	5.05	2659	31.1	1411	69.8	1563	79	5.6	5.1
1920	1999	91	4.6	2604	30.2	1399	69.9	1602	69	4.9	4.3
1921	2088	107	5.1	2640	26.4	1405	66.8	1591	86	6.1	5.3
1922	2164	110	5.07	2692	23.9	1517	70.0	1552	71	4.7	4.5

What the table indicates may bear repeating, viz.: that we are likely to have each year an average of about 2,000 surgical patients; that some 30 per cent excess diagnoses, representing concomitant maladies or important complications, are apt to be recorded and indexed; that about 70 per cent of the patients entering the surgical wards are likely to be operated upon with a variable small percentage of operations recorded in excess of the number of patients subjected to operation.

The number of admissions for 1922 has been slightly

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greater than that in any preceding year. Obviously there are two ways in which the activity of the service can be increased: (1) by shortening the average sojourn of the patients; (2) by seeing to it that no beds remain vacant. The former is a staff concern, the latter an administrative one. Though the Superintendent's report records an average stay in the hospital of sixteen days per patient, I find that there is a marked difference in the two services, namely twenty days' average sojourn for a surgical patient, and twelve days for a medical patient.

The number of surgical patients might be increased to 2,275 a year provided no bed be allowed to remain at any time empty, and with the long waiting-list which we have this figure might be attained were the wards not periodically closed for house-cleaning purposes. Moreover, for every day which we might be able to shorten the average length of hospital sojourn per patient, we could increase the number of our cases by 125 each year. Thus, had we a convalescent home to which surgical patients could be transferred soon after operation, permitting us to reduce the average hospital stay to as low a figure as that for the medical service, namely to twelve days, our number of possible patients per year might be forced up to a limit of 4,750.

Such extreme forcing as this, however, is undesirable, for we are much less interested in the number of patients than in the character of the material; much less interested in the quantity of the work done than in its quality; and though we appreciate our obligations to the community, there is no question that the quality of work falls off and diagnostic errors increase when a staff is working under undue pressure. Then, occasions often arise when for purposes of investigation or instruction, either of ourselves or our students, it is highly desirable that a patient's sojourn may be prolonged. Thus, not long ago a woman with tuberculosis of the spine and a huge psoas abscess,

concerning the appropriate treatment of which we had had some difference of opinion with our orthopedic colleagues, was kept in the hospital for a year as an object lesson until we were all satisfied that her disease was cured. During the past year also a patient with an obscure intracranial tumor, which had baffled us, was retained at the request of his relatives until death ensued six months later, when careful studies of the condition were made possible. The information gained from such experiences oftentimes is much more valuable to us than anything which could come from the mere increase in the number of our patients.

Figures such as those which are given in the foregoing table, however, lose their chief interest and value unless they can be utilized as a means of comparison with the year's work of other teaching hospitals. All who deal with such statistics fully realize that they can be made to show almost anything that one desires, and unless there is some agreement between hospitals as to common standards of tabulation they can be very misleading. Our case mortality and operative mortality, for example, could be reduced to two or three per cent if we permitted ourselves to begin to make exceptions. Thus, the number of operations listed on the books of the nurse in charge of the operating room, including such procedures as ventricular punctures, cystoscopies, and ureteral catheterizations, reach a total of 2,313. This number is considerably in excess of the 1,552 operations recorded on the hospital histories, and if the operative mortality should be calculated from this larger figure it would be reduced to three per cent. Moreover, if we had a convalescent home to which a patient might be removed, or if we did not adhere to our standard that every patient dying in the hospital after operation is recorded as a postoperative death, as was the case for example of the patient mentioned above who remained here for six months, the operative mortality

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would drop to about two per cent. Also if we included all incidental operations such as the removal of the appendix or the gall-bladder in the course of some abdominal section; or if we recorded as more than one operation procedures, often critical ones like brain tumor extirpations, which are done in successive stages, the operative mortality figures would approximate the low percentage level which is given in the Reports of several well-known hospitals.

It is perhaps a little trying for those who are chiefly responsible for the work of the general surgical service to have the results of such critical procedures as those for brain tumors included with the general mortality figures, for about the best one can do in these days is to keep the case mortality of these operations down to about ten per cent, — a figure which may perhaps be considered reasonably low in view of the fact that when these operations are unsuccessful patients are often kept long under observation for the sake of a subsequent examination rather than moved on so that a bed may be free.

Not until the clinical chiefs of our major hospitals come to share with the administrator an interest in these Annual Reports, may we expect to have any uniformity in the methods of reviewing from year to year the results of our therapeutic efforts in the operating room and at the bedside. Without uniformity, any comparison of these results is impossible, though it was for these ends that the hospitals were really established. I feel confident, however, that some day this omission will be corrected and an agreement reached whereby our clinical tabulations will become as uniform and dependable as those of the hospital administrators long have been.

The following table leaves much to be desired, though it contains certain facts of interest and gives some idea of the range of our service. A further table, which gives a fused picture of the clinical work of the entire hospital

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under headings conforming with those of the International Classification, will follow the report of my medical colleague.

HARVEY CUSHING,
Surgeon-in-Chief.

REPORT OF THE SURGEON-IN-CHIEF

Surgical Diagnoses and Operations

JANUARY 1, 1922, TO JANUARY 1, 1923

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION I				
SPECIFIC INFECTIOUS DISEASES, GENERAL DISEASES				
(SEE ALSO SPECIAL ORGANS)				
Abscess, cervical	3			
<i>Incision — drainage</i>			2	
Abscess, ischio-rectal	4			
<i>Incision</i>			5	
Abscess, varia	30	1		
<i>Incision — drainage</i>			22	1
Arthritis, acute infectious	2			
<i>Drainage</i>			1	
Bronchopneumonia (post-operative 21)	24			
Carbuncle, varia	9			
<i>Incision or excision</i>			4	
Cellulitis, varia	20	1		
<i>Incision — drainage</i>			8	1
Furunculosis	2			
<i>Incision — drainage</i>			1	
Gonococcus infections (prostatitis, salpingitis, etc.)	5			
Measles	1			
Pneumonia, lobar	3	1		
Rheumatic fever, acute	3			
Sepsis, general	7	3		
Sinus, urinary	2			
<i>Excision</i>			1	
Syphilis	4			
Tuberculosis of fascia and subcutaneous tissue	1			
Tuberculosis of genito-urinary tract (varia)	1			
<i>Dissection and excision</i>			1	
Typhoid fever	2			
Ulcer of skin of leg	5			
<i>Excision — skin graft</i>			3	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Wound, infected	3			
<i>Incision — drainage — suture — skin graft</i> . . . . .	.....	.....	2	
SECTION II				
DISEASES DUE TO ANIMAL PARASITES				
Ascariasis	1			
Scabies	2			
Trichuris trichiura	1			
SECTION III				
DISEASES OF METABOLISM				
Diabetes insipidus	3			
Diabetes mellitus	18	2		
Diabetic coma	1			
Gangrene, diabetic	5			
<i>Amputation of part</i> . . . . .	.....	.....	4	
Obesity	1			
<i>Lipectomy</i> . . . . .	.....	.....	1	
Vomiting, recurrent	2			
SECTION IV				
DISEASES PECULIAR TO INFANCY				
Paralyses, birth	1			
SECTION V				
DISEASES DUE TO PHYSICAL AGENTS				
Burns, 1st and 2d degree	1			
Burns, 1st, 2d and 3d degree	1	1		
Burns, 2d	2	1		
Heat prostration	1			
Scalds, 1st	1			
Scalds, 1st, 2d, and 3d degree	1			
<i>Skin graft</i>	1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION VI				
POISONINGS. INTOXICATIONS.				
Alcoholism, acute	5			
Poisonings, acute	2			
Poisonings, chronic non-industrial	2			
SECTION VII				
TUMORS, BENIGN AND MALIGNANT				
(NOT OF SPECIAL SYSTEMS)				
Angioma, interosseus branches palmar arch . . .	1			
<i>Extirpation with transplantation of fat in</i>				
<i>palm</i>			1	
Carcinomatosis	1	1		
Cyst, sebaceous	2			
<i>Excision</i>			2	
Lymphoma, malignant	3			
<i>Excision</i>			2	
Sarcomatosis	1			
SECTION VIII				
CONGENITAL MALFORMATIONS				
Anomaly of kidney and ureter	3	1		
Anomaly of lumbar vertebra	1			
Diverticulum, Meckel's	1			
<i>Resection of ileum — excision of diverticulum</i>			1	
Double cervix uteri	1			
<i>Plastic</i>			1	
Double uterus and vagina	1			
<i>Hysterectomy, supravaginal — bilateral sal-</i>				
<i>pingo-oöphorectomy</i>			1	
Harelip and cleft palate	2			
<i>Repair</i>			2	
Meningocele	1			
<i>Excision</i>			1	
Oxycephaly	1			
<i>Subtemporal decompression</i>			1	
Persistent thyroglossal duct	1			
<i>Excision</i>			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Pilonidal sinus	7			
<i>Excision</i>			6	
Polycystic kidney	1			
Talipes equinus	1			
Thyroglossal cyst	1			
<i>Excision</i>			1	
Undescended testicle	6			
<i>Replacement</i>			3	
<i>Orchidectomy</i>			2	
Unicornate uterus	1			
SECTION IX				
INJURIES				
Abrasions and contusions	20			
Avulsion scalp	1			
<i>Suture</i>			1	
Bite by dog	1			
<i>Repair</i>			1	
Concussion of brain	7			
<i>Craniotomy</i>			1	
Dislocation	12			
<i>Reduction</i>			7	
Foreign body	2			
Fractures				
Acetabulum	1			
Ankle	1			
Clavicle	2			
Coronoid process	1			
Femur	23	4		
Fibula	1			
Finger	2			
Humerus	9			
Ilium	1	1		
Internal maleolus	1			
Metatarsus	2			
Nasal bone	1			
Patella	1			
Pelvis	2	1		
Radius and ulna	13			

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Ribs	5			
Scapula	3			
Skull	19	3		
<i>Cranioplasty</i>			1	
<i>Subtemporal decompression</i>			1	1
Spine	5			
Tibia	1			
Tibia and fibula	17			
Gangrene, traumatic	1			
<i>Amputation</i>			1	
Injury of spinal cord	1	1		
Injury of supraspinatus	1			
Rupture, traumatic, of lung	1	1		
Sprain	8			
Wound				
Gunshot	7			
Incised	3			
Lacerated	35	1		
Penetrating	4	1		
SECTION X				
SPECIAL SKIN DISEASES				
Cicatrix	1			
<i>Skin graft</i>			1	
Nevus pigmentosis	1			
<i>Mole excision</i>			1	
Tumors				
Carcinoma, epidermoid, head	2			
<i>Excision</i>			1	
Endothelioma, groin	2			
<i>Excision</i>			2	
Epithelioma	1			
<i>Excision</i>			1	
Lipoma	5			
<i>Excision</i>			4	
Neurofibromatosis	1			
<i>Excision</i>			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XI				
DISEASES OF THE CIRCULATORY SYSTEM				
Tumor				
Angioma of blood vessels	1			
A. ARTERIES				
Arteriosclerosis	4	1		
Embolism, femoral artery	2			
Endarteritis obliterative	1			
<i>Amputation</i>			1	
Gangrene, senile	1			
Thrombosis	1			
<i>Amputation</i>			1	
B. HEART				
Aortic insufficiency	3			
Aortic and mitral insufficiency and mitral stenosis	1			
Aortic and mitral stenosis	1			
Auricular fibrillation	3			
Endocarditis, acute	1			
Endocarditis, chronic	1			
Hypertension	2			
Mitral insufficiency	1			
Mitral stenosis	1			
Myocarditis, chronic	5			
Pericarditis, fibrinous	1			
C. VEINS				
Phlebitis	5			
<i>Ligation — excision</i>			2	
Thromboangeitis, obliterans	2			
Thrombosis	1			
Ulcer, varicose	2			
<i>Excision — graft</i>			2	
Varicose veins and ulcers	9			
<i>Excision</i>			7	
<i>Excision — skin graft</i>			3	
Varix	18			
<i>Excision</i>			16	
<i>Excision — ligation</i>			1	
<i>Excision — drainage</i>			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XII				
DISEASES OF THE LYMPHATIC SYSTEM				
Elephantiasis	1			
<i>Incision</i>			1	
Lymphadenitis, acute	1			
Lymphadenitis, inguinal	1			
<i>Excision</i>			1	
Lymphadenitis, acute inguinal with abscess . .	1			
<i>Incision — drainage</i>			1	
Lymphangitis	3			
Tuberculosis of lymph nodes, cervical	15			
<i>Excision</i>			10	
SECTION XIII				
DISEASES OF THE BLOOD AND BLOOD FORMING ORGANS				
Anemia, pernicious	2			
Anemia, secondary	2			
Banti's disease	1			
<i>Splenectomy</i>			1	
Leukemia, lymphoid	1			
Splenomegaly	1			
<i>Splenectomy</i>			1	
SECTION XIV				
DISEASES OF THE DUCTLESS GLANDS				
Polyglandular syndrome	1			
B. PITUITARY GLAND				
Acromegaly	5	1		
Acromegaly with adenoma	3			
<i>Transphenoidal operation</i>			3	
Acromégaly with tumor, uncertified	5			
Dispituitarism with tumor, adenoma	12	1		
<i>Transfrontal operation</i>			1	
<i>Transphenoidal operation</i>			11	1
Dispituitarism with tumor, glioma	2	1		

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Dispituitarism with suprasellar tumor (cranio-pharyngeal pouch)	8	3		
<i>Transfrontal operation with cyst evacuation</i>				
— <i>partial removal, or extirpation</i>			8	3
Dispituitarism with tumor, uncertified	11			
<i>Transfrontal exploration</i>			6	
<i>Subtemporal decompression</i>			1	
E. THYROID GLAND				
Adenoma with or without hyperthyroidism . . .	5			
<i>Partial thyroidectomy</i>			5	
Goitre, exophthalmic	18			
<i>Partial thyroidectomy</i>			7	
<i>Ligation of vessels</i>			8	
Tumors				
Carcinoma	1			
<i>Partial thyroidectomy</i>			1	
Cystadenoma	3			
<i>Excision</i>			3	
SECTION XV				
DISEASES OF THE NERVOUS SYSTEM				
A. BRAIN				
Abscess, cerebral	2	1		
<i>Drainage</i>			1	
<i>Incision — evacuation</i>			1	1
Arteriosclerosis, cerebral	11			
Ataxia cerebellar	1			
Encephalitis	7			
Encephalomalacia	1			
Epilepsy	24			
<i>Osteoplastic exploration</i>			1	
Hemiplegia	1			
Hemorrhage, intracranial	1			
Hydrocephalus	3			
Syphilis, cerebral	3			
Thrombosis, post-cerebellar artery	1			
Tumors				
(1) Pituitary and suprasellar (cf. ductless glands, XIV, B)				

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
(2) Cerebral tumors, verified				
Angioma	1			
<i>Subtemporal decompression</i>			1	
Carcinoma, metastatic	1	1		
<i>Subtemporal decompression</i>			1	1
Endothelioma (meningioma)	12	2		
<i>Extirpation or partial removal</i>			12	2
Glioma	25	6		
<i>Exploration with decompression</i>			14	4
<i>Extirpation, partial</i>			2	
<i>Extirpation, radical</i>			3	
<i>Subtemporal decompression</i>			5	2
Gliomatous cyst	7			
<i>Evacuation and treatment</i>			9	
Hypernephroma, metastatic	1	1		
Papillo-carcinoma	1			
<i>Exploration and decompression</i>			1	
Syphiloma	1			
<i>Osteoplastic exploration — extirpation</i>			1	
(3) Cerebellar tumors, verified				
(a) Intracerebellar tumors				
Glioma	10	6		
<i>Exploration with total or partial removal</i>			10	5
Gliomatous cyst	3			
<i>Evacuation and treatment of sac</i>			4	
(b) Extracerebellar tumors				
Acoustic neuroma	14	2		
<i>Extirpation, partial.</i>			10	1
<i>Attempted total extirpation</i>			3	1
Cholesteatoma	1			
<i>Extirpation</i>			1	
Endothelioma	1			
<i>Exploration (in 4 stages)</i>			1	
(4) Unverified tumors				
Cerebral	28			
<i>Osteoplastic exploration</i>			8	
<i>Subtemporal decompression</i>			9	
Cerebellar	8			
<i>Subtemporal decompression</i>			2	
<i>Suboccipital exploration</i>			4	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Pons	1			
<i>Suboccipital exploration</i>			1	
(5) Tumor suspects				
Cerebral	39	1		
<i>Osteoplastic exploration</i>			5	
<i>Subtemporal decompression</i>			5	1
Cerebellar	14			
<i>Exploration</i>			4	
B. CEREBROSPINAL AFFECTIONS				
Sclerosis, multiple	2			
Syphilis	4			
C. MENINGES				
Arachnoiditis	7			
Arachnoid cyst	1			
<i>Drainage</i>			1	
Meningitis, cerebrospinal	1			
D. MENTAL AFFECTIONS				
Dementia, senile	2			
Dementia praecox	1			
Neurosis	1			
Paresis, general	1			
Psychoneurosis				
Hysteria	3			
Neurasthenia	4			
Post-partum	1			
Psychasthenia	6			
War	1			
Psychopathic personality	2			
Psychosis	1			
Psychosis of pregnancy	1			
Psychoses, toxic	1			
Psychosis, post-traumatic	1			
Psychosis, unqualified	1			
E. MISCELLANEOUS				
Cephalalgia	5			
Chorea	1			
Convulsions (unknown cause)	1			
Paralysis agitans	3			
Vertigo	1			

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
F. PERIPHERAL NERVES				
Neuralgia, facial	6			
<i>Alcohol injection</i>			1	
Neuralgia, frontal	1			
<i>Alcohol injection</i>			1	
Neuralgia, sciatica	3			
Neuralgia, trigeminal, major	32	1		
<i>Alcohol injection</i>			6	
<i>Avulsion of sensory root</i>			30	1
<i>Resection portion of each maxillary nerve</i>			1	
Neuritis of maxillary nerve	1			
Neuritis of peripheral nerve	1			
Paralysis of brachial plexus, traumatic	1			
Paralysis of cranial nerves	9			
Tumor				
Neuroma of nerves of arm	2			
<i>Excision</i>			2	
Neurofibromatosis	1			
G. SPINAL CORD				
Atrophy, progressive muscular	1			
Sclerosis	4			
<i>Suboccipital exploration</i>			1	
Sclerosis, lateral	2			
Syringomyelia	2			
Tabes dorsalis	1			
Ulcus perforans	1			
<i>Excision</i>			1	
Tumors				
(I) Verified				
Endothelioma	1	1		
<i>Laminectomy</i>			1	1
Glioma	2			
<i>Laminectomy</i>			1	
Hypernephroma, metastatic	1			
<i>Laminectomy — partial removal</i>			1	
Tumor of cauda equina	1			
<i>Laminectomy — partial removal</i>			1	
(2) Suspect	3			
<i>Laminectomy</i>			1	
(3) Unverified	1			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
H. SYMPATHETIC NERVOUS SYSTEM				
Raynaud's disease	1			
SECTION XVI				
DISEASES OF BONES, JOINTS, MUSCLES, TENDONS, AND FASCIA				
A. DISEASES OF BONES AND CARTILAGES				
Exostosis	4			
<i>Excision</i>			4	
Osteomyelitis, femur, chronic	3			
<i>Incision — drainage</i>			4	
Osteomyelitis, fingers	7			
<i>Incision — drainage or amputation</i>			3	
Osteomyelitis, foot	1			
<i>Excision</i>			1	
Osteomyelitis, humerus	2			
<i>Incision — drainage</i>			3	
Osteomyelitis, mandible	1			
<i>Incision — drainage</i>			1	
Osteomyelitis, occipital bone	1			
<i>Incision — drainage</i>			3	
Osteomyelitis, phalanx	1			
Osteomyelitis, tibia	3			
<i>Incision — drainage</i>			4	
Osteomyelitis, tibia and fibula	1			
<i>Incision — drainage — osteotomy</i>			1	
Osteomyelitis, toe	2			
<i>Amputation</i>			2	
Tuberculosis of bone	4			
<i>Incision or resection</i>			3	
Tumors of bone				
Carcinoma of antrum	1			
<i>Excision</i>			1	
Carcinoma of nasal bone	1			
<i>Excision</i>			1	
Carcinoma of pelvis	1			
Carcinoma of spine	1			
Cholesteatoma of petrous bone	1			
<i>Excision</i>			1	

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Chondroma of rib	1			
<i>Excision</i>			1	
Osteochondroma of rib	1			
<i>Excision</i>			1	
Polyp of antrum	1			
<i>Removal</i>			1	
Sarcoma of tibia	1			
<i>Amputation</i>			1	
B. DISEASES OF THE JOINTS				
Ankylosis of jaw	1			
Arthritis, chronic (varia)	7			
Arthropathy, Charcot's	1			
Synovitis	1			
Synovitis, traumatic	1			
Tuberculosis of joint	2			
<i>Amputation of leg</i>			1	
Tuberculosis of spine	5			
<i>Bone graft</i>			1	
C. OTHER DISEASES OF THE LOCOMOTOR SYSTEM				
Amputation stump, painful	2			
Bursitis	4			
<i>Incision — drainage</i>			2	
Contraction, cicatricial	1			
<i>Excision scar — lengthening tendon</i>			1	
Hallux valgus	3			
<i>Resection</i>			2	
<i>Toe amputation</i>			1	
Tenosynovitis	2			
<i>Excision</i>			2	
Toe drop	1			
SECTION XVII				
DISEASES AND INJURIES OF THE EYE AND EAR				
K. RETINA				
Retinitis circinate	1			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
M. OPTIC NERVE				
Atrophy	2			
O. ORBIT				
Osteoma	1			
Excision			1	
P. DISTURBANCES OF MOTION				
Paralysis of 3d nerve (Ptosis)	1			
DISEASES OF THE EAR				
V. MIDDLE EAR AND MASTOID				
Otitis media, acute.	1			
Otitis media, acute with mastoiditis	1			
Drainage			1	
Otitis media, acute with cerebellar abscess	1	1		
Puncture ventricle — evacuation abscess			1	1
Otitis, chronic	3			
Otitis, chronic with mastoiditis	3			
Mastoidectomy			1	
W. INTERNAL EAR				
Labyrinthian disease	1			
SECTION XVIII				
DISEASES OF THE NOSE AND ACCESSORY SINUSES				
Epistaxis	2			
Sinusitis	3			
SECTION XIX				
DISEASES OF THE MOUTH, LIPS, CHEEKS, PHARYNX, TONSILS, AND PALATE				
Hypertrophy of tonsil	2			
Tonsillectomy			2	
Infected tonsils	3			
Tonsillectomy			3	

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Parotitis	1			
<i>Incision — drainage</i>			1	
Salivary cyst, sublingual	1			
<i>Excision</i>			1	
Tonsillitis, acute	4			
<i>Tonsillectomy</i>			1	
Tonsillitis, acute with abscess	1			
Tonsillitis, chronic	54			
<i>Tonsillectomy</i>			52	
<i>Tonsillectomy — adenoidectomy</i>			2	
Vincent's angina	1			
Tumors				
Carcinoma, epidermoid of lip	1			
<i>Excision</i>			1	
Carcinoma of pharynx	1	1		
Parotid gland (mixed non-malignant)	2			
<i>Excision</i>			2	
SECTION XX				
DISEASES OF THE JAW, TEETH,				
AND GUMS				
Hemorrhage of gum	2			
Pyorrhea alveolaris	1			
Scar of gums	1			
<i>Excision</i>			1	
Tumors				
Carcinoma of jaw	1			
<i>Excision</i>			1	
Epulis of gum	2			
<i>Excision</i>			2	
SECTION XXI				
DISEASES OF THE TONGUE				
Tumors				
Carcinoma of tongue	5			
<i>Resection</i>			4	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXII				
DISEASES OF THE ESOPHAGUS				
Cardiospasm	2			
<i>Dilatation</i>			1	
<i>Esophagoscopy — gastrotomy</i>			1	
Foreign body in esophagus	1			
<i>Passage of Bougies</i>			1	
Tumors				
Carcinoma	4	1		
<i>Gastrostomy</i>			2	1
SECTION XXIII				
DISEASES OF THE STOMACH				
Adhesions about stomach	1			
<i>Lysis of adhesions</i>			1	
Hyperchlorhydria	1			
Neurosis, gastric	1			
<i>Gastro-enterostomy</i>			1	
Pyloric stenosis	1			
<i>Gastro-duodenostomy</i>			1	
Pylorospasm	3			
<i>Finney Pyloroplasty</i>			1	
<i>Heineke Mikulicz pyloroplasty</i>			1	
Ulcer, gastric	14	1		
<i>Gastro-enterostomy, simple</i>			6	
<i>Gastro-enterostomy with excision or plication</i>			6	1
<i>Repair, acute perforation</i>			1	
<i>Taking down gastro-enterostomy</i>			1	
Tumors				
Carcinoma	13			
<i>Posterior gastro-enterostomy</i>			5	
Lymphosarcoma	1	1		
<i>Gastro-enterostomy</i>			1	1
Polypus	1			
<i>Gastro-enterostomy</i>			1	

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXIV				
DISEASES OF THE INTESTINES				
Adhesions, intestinal	1			
Anomaly of duodenum, developmental	1			
Appendicitis	1			
Appendicitis, acute	108	8		
<i>Appendicectomy</i>			45	1
<i>Appendicectomy with drainage for abscess</i> <i>or peritonitis</i>			56	4
<i>Secondary ileostomy or cecostomy</i>			2	1
Appendicitis, chronic	42			
<i>Appendicectomy</i>			41	
Appendicitis, chronic, with perityphilitis	1			
<i>Excision of cecum and appendix</i>			1	
Cecum mobile	4			
<i>Fixation</i>			4	
Colitis, ulcerative	1	1		
<i>Ileostomy</i>			1	1
Constipation	13			
Diverticulitis	1			
<i>Drainage — sigmoidostomy</i>			1	
Enteritis	6			
Fistula, fecal	2			
<i>Closure</i>			2	
Gangrene of appendix epiploica	1			
<i>Resection</i>			1	
Gangrene of intestine from hernia	3			
<i>Resection</i>			3	
Indigestion, intestinal	2			
Obstruction, intestinal	7	2		
<i>Ileostomy</i>			2	
<i>Lysis of adhesions</i>			2	1
<i>Colostomy</i>			2	
Obstruction, intestinal, subacute	1			
Tuberculosis	2			
<i>Resection cecum</i>			1	
Ulcer, duodenal	45			
<i>Gastroenterostomy</i>			10	
<i>Gastroenterostomy — transection pylorus</i>			8	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Gastrotomy</i>			1	
<i>Excision</i>			4	
<i>Pyloroplasty</i>			26	
<i>Transection pylorus</i>			1	
Tumors				
Carcinoma	19	5		
<i>Colostomy</i>			2	
<i>Ileocolostomy</i>			3	2
<i>Ileostomy</i>			1	1
<i>Resection</i>			2	
<i>Resection — cecostomy</i>			7	1
<i>Resection — ileostomy</i>			1	
SECTION XXV				
DISEASES OF THE LIVER AND GALL DUCTS				
Abscess of liver	3			
<i>Drainage</i>			1	
Cholangitis	1	1		
Cholecystitis, acute	3	2		
<i>Cholecystectomy — choledochostomy</i>			1	1
Cholecystitis, chronic	12			
<i>Cholecystectomy</i>			5	
<i>Cholecystectomy — choledochostomy</i>			3	
Cholecystitis with cholelithiasis, acute	1			
<i>Cholecystectomy</i>			1	
Cholecystitis with cholelithiasis, chronic	70	3		
<i>Cholecystectomy</i>			34	1
<i>Cholecystectomy — choledochostomy</i>			24	2
<i>Cholecystostomy</i>			1	
<i>Cholecystenterostomy</i>			1	
<i>Choledochostomy</i>			1	
Hepatitis, acute	1			
Jaundice, hemolytic	2			
<i>Splenectomy</i>			1	
Tumors				
Carcinoma	5			
<i>Excision of metastatic tumor for diagnosis</i>			1	
Cyst, echinococcus	2			
<i>Echinococcocysto-hepatostomy</i>			2	

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXVI				
DISEASES OF THE PANCREAS				
Pancreatitis, acute	1			
Pancreatitis, chronic	2			
<i>Cholecystenterostomy</i>			1	
Tumor				
Carcinoma	2	1		
<i>Cholecystenterostomy</i>			1	
SECTION XXVII				
DISEASES OF THE ABDOMEN AND PERITONEUM IN GENERAL				
Abscess, subphrenic	2			
<i>Drainage</i>			1	
Adhesions, pelvic	7			
<i>Lysis of adhesions</i>			3	
Hematoperitoneum, pelvic	1			
Hernia, epigastric	3			
<i>Repair</i>			3	
Hernia, femoral	2			
<i>Repair</i>			2	
Hernia, femoral (strangulated)	2			
<i>Repair</i>			2	
<i>Repair with intestinal resection</i>			1	
Hernia, inguinal	120	1		
<i>Repair</i>			107	1
Hernia, inguinal (strangulated)	5			
<i>Repair</i>			5	
<i>Repair with intestinal resection</i>			2	
Hernia, umbilical	6			
<i>Repair</i>			3	
Hernia, ventral, post-operative	12			
<i>Repair</i>			11	
Peritonitis, acute diffuse	1			
<i>Drainage</i>			1	
Peritonitis, acute local	2			
Peritonitis, pelvic	1			
Tuberculosis of peritoneum	2			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Tumor				
Carcinomatosis	1			
<i>Drainage</i>			1	
Hematoma	1			
<i>Incision — drainage</i>			1	
SECTION XXVIII				
DISEASES OF THE RECTUM AND ANUS				
Fissure of anus	16			
<i>Dilatation</i>			7	
<i>Dilatation — cauterization</i>			2	
<i>Excision</i>			2	
Fistula in ano	11			
<i>Elting's operation</i>			1	
<i>Excision</i>			9	
<i>Incision</i>			2	
Hemorrhoids, external	5			
<i>Clamp and cautery</i>			4	
Hemorrhoids, internal	41			
<i>Clamp and cautery</i>			37	
<i>Excision</i>			1	
<i>Whitehead operation</i>			3	
Prolapse of rectum	1			
Pruritis ani	1			
Ulcer of rectum	1			
<i>Dilatation — cauterization</i>			1	
Tumors				
Carcinoma	18	3		
<i>Colostomy</i>			8	1
<i>Excision</i>			2	
<i>Abdomino-perineal (1st stage)</i>			1	1
" " <i>(1st and 2d stage)</i>			1	1
Lipoma	1			
<i>Excision</i>			1	
Papilloma	1			
Polypus	2			
<i>Excision</i>			2	
SECTION XXIX				
DISEASES OF THE LARYNX				
Tumor				
Carcinoma	1			

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXX				
DISEASES OF THE TRACHEA AND BRONCHI				
Asthma	3			
Bronchitis, acute	2			
Bronchitis, chronic	5			
Bronchitis, fibrinous	1			
Fistula of bronchus	1			
SECTION XXXI				
DISEASES OF THE LUNGS				
Abscess	4			
<i>Thoracostomy — drainage</i>			3	
Embolism, pulmonary	9			
Tuberculosis	24			
Tumor				
Malignant disease	1			
SECTION XXXII				
DISEASES OF THE PLEURA AND MEADISTNIUM				
Empyema of pleura	16	4		
<i>Thoracostomy</i>			13	4
Hydrothorax	2			
Mediastinitis	1			
Pleurisy, serofibrinous	2			
Pneumothorax	1			
Tuberculosis of pleura	2			
SECTION XXXIII				
DISEASES OF THE KIDNEY AND URETER				
Adhesions, perivesical	1			
<i>Lysis</i>			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Calculus, ureteral	28			
<i>Cystotomy — removal</i>			1	
<i>Removal</i>			2	
<i>Ureterotomy</i>			7	
<i>Ureterotomy — cystotomy</i>			3	
Cardio-renal insufficiency	2			
Colic, renal	1			
Ectopic kidney	1			
Fistula of ureter	2			
<i>Excision</i>			1	
Hematuria	3			
<i>Nephrectomy</i>			1	
Hydronephrosis	8			
<i>Nephrectomy</i>			1	
<i>Plastic</i>			2	
<i>Transplantation of ureter</i>			1	
Infarct of kidney	1			
Leukoplakia, renal	1			
<i>Nephrectomy</i>			1	
Nephritis, chronic	6			
Nephrolithiasis	23			
<i>Nephrectomy</i>			1	
<i>Pyelotomy</i>			6	
<i>Pyelotomy — nephrectomy</i>			2	
<i>Ureterotomy</i>			2	
Nephroptosis	3			
<i>Nephropexy</i>			1	
Pyelitis	33			
Pyelonephritis	5			
<i>Nephrectomy</i>			2	
Pyonephrosis	6			
<i>Nephrectomy</i>			5	
Tuberculosis of kidney	13			
<i>Nephrectomy</i>			8	
Uremia	4			
Tumor				
Hypernephroma	4	2		
<i>Nephrectomy</i>			1	
Malignant disease	1	1		
<i>Nephrectomy</i>			1	1

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXXIV				
DISEASES OF THE BLADDER				
Calculus, vesical	5			
<i>Suprapubic cystotomy</i>			5	
Contraction of neck of bladder	2			
Cystitis	14			
Cystitis, chronic	1			
Cystitis, interstitial	4			
<i>Cystotomy</i>			1	
Diverticulum of bladder	2			
<i>Excision</i>			2	
Fistula of bladder	1			
<i>Cystotomy</i>			1	
Foreign body in bladder	3			
<i>Cystotomy</i>			2	
<i>Removal</i>			1	
Incontinence of urine	2			
Trigonitis	1			
Tuberculosis	7			
Ulcer of bladder wall	1			
Tumors				
Carcinoma	17	4		
<i>Cystotomy, suprapubic</i>			1	1
<i>Cystotomy, suprapubic with excision</i>			3	1
<i>Cystotomy, suprapubic with excision with</i> <i>radium implantation</i>			2	
<i>Cystotomy, suprapubic with implantation of</i> <i>radium</i>			4	1
Fibrosis	3			
<i>Cystotomy — cauterization</i>			1	
Papilloma	3			
SECTION XXXV				
DISEASES OF THE URETHRA, MALE AND FEMALE				
Caruncle of urethra	2			
<i>Excision</i>			1	
Rupture of urethra	1			
<i>Cystotomy, suprapubic</i>			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Stricture of urethra	9			
<i>Urethrotomy</i>			3	
<i>Meatotomy</i>			1	
Urethritis, chronic fibrous	1			
Tuberculosis of urethra	1			
Tumor				
Polypus	1			
SECTION XXXVI				
DISEASES OF THE MALE GENERA-				
TIVE ORGANS				
B. PENIS				
Phimosis	1			
Phimosis, chancroidal	1			
<i>Incision</i>			1	
Redundant prepuce	1			
<i>Circumcision</i>			1	
Tumors				
Carcinoma	1			
<i>Amputation</i>			1	
Sarcoma	1			
<i>Extirpation</i>			1	
C. PROSTATE				
Abscess	2			
<i>Incision — drainage</i>			1	
Hypertrophy of prostate	42	8		
<i>Cystotomy, suprapubic</i>			6	4
<i>Prostatectomy, perineal</i>			5	
<i>Prostatectomy, suprapubic</i>			22	3
<i>Young's Urethral Punch Operation</i>			2	
Prostatitis	7			
Tuberculosis of prostate	1			
Tumors				
Carcinoma	10	3		
<i>Prostatectomy, perineal</i>			1	1
<i>Prostatectomy, suprapubic</i>			3	
<i>Radium implantation</i>			5	1
Fibrosis	1			
<i>Prostatectomy, suprapubic</i>			1	

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
D. SCROTUM				
Gangrene	1			
<i>Incision — excision — drainage</i>			1	
Hydrocele	13			
<i>Orchidectomy</i>			1	
<i>Radical repair</i>			11	
Hydrocele of cord	1			
<i>Excision</i>			1	
Varicocele	5			
<i>Excision</i>			5	
E. TESTICLE				
Abscess	1			
<i>Orchidectomy</i>			1	
Epididymitis, gonorrheal	2			
Gangrene	1			
<i>Orchidectomy</i>			1	
Orchitis	1			
Torsion of spermatic cord	1			
<i>Orchidectomy</i>			1	
Tuberculosis of epididymis	3			
<i>Orchidectomy</i>			1	
Tumors				
Carcinoma	1			
<i>Orchidectomy</i>			1	
Embryoma, recurrent	1			
<i>Exploratory operation</i>			1	
SECTION XXXVII				
DISEASES OF THE FEMALE GEN- ERATIVE ORGANS				
A. GENERAL AND FUNCTIONAL				
Dysmenorrhea	3			
Dyspareunia	1			
Hydrocele of canal of Nuck	1			
<i>Excision</i>			1	
Laceration of pelvic floor	1			
<i>Perineorrhaphy</i>			1	
Menopause	1			
Menorrhagia	2			
<i>Dilatation — curettage</i>			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Menstruation, delayed	2			
Relaxed pelvic floor	47			
<i>Local repair</i>			6	
<i>Local repair with suspension of uterus</i>			17	
<i>Local repair with hysterectomy</i>			12	
<i>Hysterectomy</i>			5	
<i>Suspension of uterus</i>			2	
B. FALLOPIAN TUBES				
Hematosalpinx	1			
Salpingitis, acute	2			
Salpingitis, acute and chronic	1			
<i>Salpingo-oophorectomy</i>			1	
Salpingitis, chronic	35			
<i>Salpingectomy</i>			7	
<i>Salpingo-oophorectomy</i>			20	
Tumors				
Adenoma	1			
Myoma	1			
<i>Salpingo-oophorectomy</i>			1	
C. OVARY				
Tumors				
Adenoma	1			
Carcinoma	4	3		
<i>Extirpation</i>			3	2
Cystadenoma	4			
<i>Panhysterectomy</i>			1	
<i>Excision</i>			2	
<i>Salpingo-oophorectomy — supravaginal hys-</i> <i>terectomy</i>			1	
Cyst, ovarian	20			
<i>Extirpation</i>			13	
<i>Resection</i>			3	
Cyst, dermoid, of ovary	1			
Myoma	1			
<i>Salpingo-oophorectomy — supravaginal hys-</i> <i>terectomy</i>			1	
D. UTERUS				
Endocervicitis, chronic	12			
<i>Dilatation — curettage</i>			5	

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Excision</i>			3	
<i>Cauterization</i>			1	
Endometritis, chronic	10			
<i>Dilatation — curettage</i>			7	
Endometritis, hyperplastic	11			
<i>Dilatation — curettage</i>			10	
<i>Hysterectomy</i>			1	
Fibrosis of uterus	2			
<i>Hysterectomy</i>			2	
Laceration of cervix uteri	21			
<i>Amputation</i>			1	
<i>Trachelorrhaphy</i>			15	
Metrorrhagia	2			
<i>Dilatation — curettage</i>			1	
Retroversion of uterus	39			
<i>Hysterectomy, supravaginal</i>			1	
<i>Ventral suspension</i>			30	
Tumors				
Carcinoma of cervix	12			
<i>Cauterization</i>			2	
<i>Excision</i>			1	
<i>Panhysterectomy</i>			7	
<i>Radium implantation</i>			1	
Carcinoma	5	1		
<i>Exploratory laparotomy</i>			2	1
<i>Panhysterectomy</i>			2	
Chorio-epithelioma	1			
<i>Hysterectomy, supravaginal</i>			1	
Cyst	1			
<i>Extirpation</i>			1	
Fibromyoma of cervix	1			
<i>Excision — cauterization</i>			1	
Hydatid mole	1			
<i>Dilatation — curettage</i>			1	
Leio-myoma	44			
<i>Panhysterectomy</i>			2	
<i>Hysterectomy, supravaginal</i>			34	
<i>Myomectomy</i>			3	
Polypus of cervix	7			
<i>Cauterization</i>			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Dilatation — curettage — amputation</i>			1	
<i>Dilatation — curettage — excision</i>			4	
Polypus of uterus	3			
<i>Hysterectomy, supravaginal</i>			1	
<i>Hysterectomy, total</i>			1	
E. VAGINA				
Fistula, recto-vaginal	1			
Tumors				
Cyst, dermoid	1			
<i>Extirpation</i>			1	
Myoma	1			
<i>Excision</i>			1	
F. VULVA				
Abscess of Bartholin's gland	8			
<i>Excision or incision</i>			7	
Kraurosis vulvae	1			
Tumors				
Carcinoma	1			
Cyst	1			
<i>Excision</i>			1	
SECTION XXXVIII				
PUERPERAL STATE				
Abortion threatened	2			
Hyperemesis gravidarum	1			
Laceration of cervix uteri (recent)	2			
<i>Trachelorrhaphy</i>			1	
Miscarriage, complete	2			
Miscarriage, incomplete	21			
<i>Dilatation — curettage</i>			18	
Miscarriage, threatened	2			
Pregnancy	11			
<i>Therapeutic abortion</i>			1	
Pregnancy, extrauterine	6			
SECTION XXXIX				
DISEASES OF THE BREAST, MALE AND FEMALE				
Abscess of breast	4			
<i>Incision — drainage</i>			5	

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Hypertrophy of breast	2			
<i>Amputation</i>			1	
<i>Resection</i>			1	
Mastitis, chronic	7			
<i>Amputation</i>			5	
<i>Resection</i>			2	
Tuberculosis of mammary gland	1			
<i>Amputation</i>			1	
Tumors				
Adenofibroma	5			
<i>Excision</i>			4	
Adenoma	1			
<i>Excision</i>			1	
Carcinoma	21			
<i>Radical extirpation</i>			16	
<i>Skin graft, secondary</i>			1	
Cystadenoma	3			
<i>Amputation</i>			1	
<i>Excision</i>			2	
Fibroma	2			
<i>Excision</i>			2	
SECTION XL				
ANAPHYLAXIS				
No cases				
SECTION XLI				
ILL-DEFINED OR UNCLASSIFIED DISEASES				
Fever, cause unknown	1			
Gangrene	2			
<i>Amputation</i>			1	
Hemorrhage, post-operative	1			
No diagnosis	49			
<i>Exploratory laparotomy</i>			13	
Shock, traumatic	1			
	2,692	110	1,552	71

This table formerly has been made out in the record office strictly in accord with the terms of International Classification, but inasmuch as it is more natural from a surgical standpoint to include many lesions such as abscesses, tumors and so on under *Special Organs*, we have tended in this report to redistribute them at the risk of losing conformity with the preceding reports.

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Summary of Statistics

JANUARY 1, 1922 TO JANUARY 1, 1923

Total number of surgical admissions in 1922	2,164	
Total number of cases remaining in wards January 1, 1922	106	
	<hr/>	2,270
Total number of surgical cases discharged, including 38 cases transferred to Medical service.	2,054	
Total number of deaths	110	
<i>(Post-operative, 71 — Non-operative, 39 — Total, 110)</i>		
	<hr/>	2,164
Total number of surgical cases remaining in the wards January 1, 1923	106	
	<hr/>	2,270
Total number of operations	1,552	
Incidental operations	150	
	<hr/>	
Total		1 702

Report of the Physician-in-Chief

IN 1922 the important addition to the staff has been the appointment of Dr. Reginald Fitz as Physician to the Hospital to fill the vacancy caused by the resignation of Dr. Francis W. Peabody, as noted in the Annual Report for 1921. Dr. Fitz returns to Boston after two years spent at the Mayo Clinic in Rochester, Minnesota, where he was in charge of one of the Medical Sections. Prior to this Dr. Fitz had spent two years as Assistant Resident Physician at the Hospital of the Rockefeller Institute, two years in army service in France and one year as Associate in Medicine at the Massachusetts General Hospital, after leaving the Peter Bent Brigham Hospital where he was from November 1, 1912, to September 1, 1915, as Medical House Officer and Assistant Resident Physician. This succession of appointments in different places has prepared Dr. Fitz signally well to carry on the work of Physician at the Peter Bent Brigham Hospital.

In the summer, Dr. Cyrus C. Sturgis resigned as Resident Physician and was succeeded by Dr. Burgess Gordon of Spokane, Washington, formerly Assistant Resident Physician at the Peter Bent Brigham Hospital. Dr. Sturgis gave splendid service to the Hospital from October 15, 1917, successively as Medical House Officer, Assistant Resident Physician and Resident Physician, a period of nearly five years except for an absence of one year in service in the United States Army. Dr. Sturgis will continue as a member of the staff in the capacity of Associate in Medicine.

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During the year Dr. William P. Murphy, M. D., Harvard, 1922, and Dr. Guy Wells, M. D., Cornell, 1920, came to us from the Rhode Island General Hospital as Assistant Resident Physicians, and Dr. S. B. Grant, after completing his House Officer service, was appointed as Assistant Resident Physician.

The usual rotation of men as Medical House Officers has occurred. In addition several men have been doing special work on the medical service. Dr. Hilding Berglund of Stockholm, Sweden, has continued as a special Assistant Resident (without residence) serving as a sort of liason officer to the biochemical work of Professor Folin at Harvard and conducting special chemical metabolism investigations. Dr. Albert Wilmaers of Belgium has come on a travelling fellowship of the Belgian Relief Commission Educational Foundation and is working in the cardiac division of the medical service. Dr. Clifford L. Derick of Montreal, Canada, is with us as holder of a Fellowship in Medicine of the National Research Council, and has been carrying on studies in metabolism. Dr. William G. Walker of Iowa City, and Dr. Raphael Isaacs of Cincinnati are working under grants from the Proctor Fund of the Harvard Medical School, the former on problems in nephritis and the latter in anemia. Dr. George F. Strong of Vancouver, British Columbia, beginning as a volunteer worker in the cardiac division, has recently been awarded a Fellowship in Medicine of the National Research Council.

All of these men are serving for a year as volunteer assistants in medicine on the Hospital staff. They add much to the efficiency of the Hospital work, especially in strengthening our investigation in various fields. There is place for a number of such men and the variety of problems under study by different members of the staff offer a wide field of choice for special students. It is unfortunate that the Hospital is not in a position to furnish

REPORT OF THE PHYSICIAN-IN-CHIEF

them residence, for to do so would be only a fair return for the service they do the Hospital and would add to the attractiveness of the Peter Bent Brigham Hospital for men of this type to come for a year or more of special study. Enlarged quarters for our resident staff, badly needed for many reasons, could provide a place of residence for these special workers. It is to be emphasized that the affiliation of the Peter Bent Brigham Hospital with the Harvard Medical School makes possible the bringing to the Peter Bent Brigham Hospital of these special temporary workers and the addition to our permanent staff of such men as Dr. Fitz and Dr. Sturgis, to mention only those added in 1922, and shows the wisdom of the organizers of the Hospital in arranging a geographic propinquity to and a working alliance with the Harvard Medical School, an arrangement which has mutually strengthened the two institutions, and has been well nigh indispensable to the satisfactory filling of staff positions at the Hospital.

The increase in the number of patients admitted to the medical service year by year is an indication of the appreciation of the Hospital by the people it serves, and that is a source of gratification. This increase, however, gives rise to a query as to the wisdom of allowing it to continue unchecked or unprovided for. Any increase in the number of patients in the last few years has meant either having more patients in the wards than they were originally planned for, or in having each patient in the Hospital for a much shorter period of time. The former, in my judgment, decreases one of the best assets of our wards, namely, the unusually large air space per patient with its incident good ventilation that so frequently brings forth a comment by visitors on the absence in our wards of usual hospital odors, which is another way of saying the wards do not smell badly. My own feeling is that the wards should never house more patients than they were planned for except in case of dire emergency, and I recommend to

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the Trustees that every means possible be taken to prevent the admission of more than twenty-five and fifteen patients to the first and second floors of the medical pavilions.

The turnover in patients has much increased in speed since the earlier days of the Hospital and this has increased the number of patients admitted per annum. One reason for this more rapid turnover lies in the larger number of patients admitted for diagnostic study rather than for treatment. Unfortunately there has been no increase in the house staff to care for this larger number of patients and particularly for the larger amount of work incident to diagnosis. Modern diagnostic methods have greatly increased the work that is done on each patient, and the service needs badly a larger resident staff to carry on the work. As it now is, there is too much hurry in the work of all for best results either to patients or to staff. For the patients there is the danger of machine medicine with incident loss of the personal human relations that are so important to the successful management of the sick. For many on the resident staff already all time for real study or investigation has gone. At some periods of the service the work is too heavy for the best health of the men. All of this I consider not for the best development of the Hospital.

The medical staff, as pointed out in previous reports and reiterated in this one, needs to be enlarged. I trust this may be speedily done both as a means of improving the medical work of the Hospital and to remove a constant fear that in the press of work some mistake of very serious consequence to the welfare and happiness or even to the life of some of our patients may occur. I would again emphasize to our Trustees that provision should be made for more House Officers and Assistant Resident Physicians. I would urge that temporary provision for these be made by providing sleeping quarters in some

REPORT OF THE PHYSICIAN-IN-CHIEF

adjacent building for such of the resident staff as are not subject to regular call to the wards for night emergencies. This arrangement might serve until the Hospital is in a position to enlarge its housing facilities, a thing greatly needed by the medical, surgical and nursing departments.

The question as to how large should a hospital service be for the best advantage of patients and staff ought, it seems to me, to receive more consideration. Discussing hospital problems with men from various parts of the country, I have been greatly impressed with the feeling that almost all hospital services are too large for the personnel provided. Sometimes they have been deliberately so planned; usually it has come about merely as a continued increment of patients with little effort to provide for the increase until conditions become very obviously bad or some mistake, directly attributable to over-crowding occurs, which forces some action. Conditions, though bad enough in the wards, are far worse in out-patient departments. Available floor space for beds places a check on all ward services; the number of out-patients is, with few exceptions, only limited by poor service; that is, patients continue to come in increasing numbers until word goes out that patients must wait a long, wearisome time for their turn to be seen, and then are seen very hurriedly by a tired, uninterested physician. Patients then turn elsewhere.

How much more intelligent and at the same time how much fairer to the patients to say that the wards were constructed and the medical and nursing personnel had been provided for so many patients and no more than this number will be received, in order that those already admitted will have excellent personal care. How much better to say that the Out-Patient Department can give good service to so many new and old patients per day and no more than this will be received. Appointments can be arranged for future days rather than have the patient

wait long for a cursory, unsatisfactory examination, and by other methods the service can be kept continuously busy and each patient have at least the minimum of time regarded as adequate for due consideration of his disturbances. I think the fact that pay clinics have done this most thoroughly is really a strong criticism of our free clinics. It might be said that greater charity is actually received in the pay clinic by the patient who pays for good service than in the charity clinic where the poor may be said to receive very poor service at no price. Out-patient departments which are overcrowded, and most are (fortunately ours up to now has suffered less from overcrowding than is the rule), should limit patients received or increase the number of physicians on duty. Again, should we not take another cue from the pay clinics? The Cornell pay clinic pays its physicians for service and has, I am told, no longer any difficulty in securing the regular attendance of sufficient physicians to care for the patients.

As to ward services, apart from all consideration of crowded space, I believe the tendency is to have far too many patients under the charge of one service. It seems to me that one hundred beds is the maximum number that ever should be under the charge of one Physician-in-Chief and that eighty beds is sufficient. Any form of organization, I feel, is defective in which the supervisional responsibility for more than one hundred beds is placed on one man, however numerous his assistants may be. The hospital with more than one hundred medical beds should have more than one medical service, with each service separately, completely and adequately organized under a chief of service. Very large hospitals, though economically very efficient, in my opinion are less desirable than distinctly smaller ones when it comes to service to patients and productivity in investigation. Too many patients in either wards or out-patient department makes for what

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might be termed machine medicine and loses that element of personal human interest that always has and always will play a very important part in the treatment of patients. I do not believe the best results in diagnosis and treatment are attainable when the physicians from chief of staff down to house officers are forced by reason of the large numbers with whom they deal to forget that it is Mary Ann who has the heart lesion, who has a husband and two children at home to care for and who recently has lost her mother, etc. In other words, the closer the touch on the human side between patient and physician, the more is really learned of the patient's disease and the better the therapeutic results that are obtained. Often very much time is needed by the doctor to unravel some psychological complex which is the basis of the patient's physical ill. When patients are too numerous this is not possible. As I see it, the Peter Bent Brigham Hospital has medical and surgical beds enough. Its aim should be ever better service to the number we now accommodate.

There is a curious feeling extant that a hospital in which scientific work is going on is one in which the human element is largely left out. This is a feeling very contrary to the fact. The more diligently a disease is studied and the greater the interest in the patient suffering it, the more eager becomes the physician to be able to help the patient. This was particularly well exemplified in the earlier days of the Hospital when patients were fewer and every one on the staff was engaged in some bit of investigation. Then it was the follow-up letters, which pass through my hands, particularly made mention of the helpful, kindly interest that various assistants had shown and how grateful were the patients for this. It would be too bad to lose any of this attitude in the necessity of handling a larger number of patients as is now the case. Here is an added reason for a larger staff. I am sure that the more scientific investigation that is going on, the

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greater will be the human interest in our patients and the more thorough the study and treatment of each patient. This is what the Peter Bent Brigham Hospital is striving after.

The plan of the Hospital's furnishing offices for private patients to as many of the staff as possible has proved a success. By this means staff members are saved much time which otherwise would be spent in going from the Hospital to an in-town office. These staff members are more continuously in the Hospital throughout the day and the Hospital work is the gainer thereby. It is an advantage to both Hospital and staff to have the staff's work and its attendant interest concentrated in one place. This arrangement was not anticipated except for the Physician-in-Chief and Surgeon-in-Chief when the buildings were planned, and so office quarters for physicians and surgeons had to be improvised in space already overcrowded. What was arranged is only fairly well suited to this purpose. When the arrangement was made, it was not certain how successful the plan would be. Now that its success has been demonstrated, better offices should be provided in some way. Herein lies another reason for that much desired new building, needed for resident staff quarters, better X-Ray accommodations, suitable offices for members of the visiting staff, etc.

1922 has seen only minor modifications in the method of work of the medical service either in the wards or Out-Door Department. The Out-Door Department work has been improved by a better organization of the various groups of patients that are handled by the class method and by a somewhat more systematic supervision of the medical work by a member of the visiting staff. During 1922 the following groups of patients were managed in classes, asthmatic, syphilitic, renal, diabetic, cardiac, bronchitic, tuberculous and neurological. These classes are not organized on a uniform basis but the organization

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and management vary both with the type of patients and the purpose for which the class was organized. For some conditions it is a method of treating a group of patients so as to economize time. For others it is a method of maintaining supervision over a long period with the necessary follow-up reports. For still others it is a means to permit of the investigation of a particular disease. In other conditions it serves to arouse an esprit de corps among the patients that helps in their treatment. In all of these groups we feel that the individual patient has better service from the Hospital.

In the asthma class, under Dr. I. Chandler Walker, 451 new asthmatic patients and 382 new hay fever patients were tested. In all, to old and new patients, 10,844 treatments were given. The syphilitic class, under Dr. Wells, has increased, averaging about 20 per week. The Social Service Department follows up these cases to make certain that they return for a complete course of treatment. Intravenous and intraspinal treatments are carried out in the wards. The renal class, under Dr. O'Hare, too, has enlarged by an increase in the number of visits made. This year the visits numbered 622. This class enables us to follow the progression of a chronic disease with periodic measurements of renal function and other observations. This accumulated data is of great value especially when the disease has completed its course and the anatomical conditions may be studied after death. This forms one of the best available methods for the study of a chronic, slowly progressive disease.

In the diabetic class, under Dr. Root, attendance has nearly doubled. Diabetes is a disease particularly well suited to class management. As Dr. Root well says, "It seems logical that hospital treatment should centre in the Out-Door Department clinic. Ward treatment is advantageous for intensive instruction of patients, necessary in diabetic emergencies, such as acidosis, infections,

surgical and other complications, and is essential to scientific improvement in treatment. The successful year after year treatment, however, requires not the occasional spurt but steady effort. It should centre in an agency where frequent observation at reasonable intervals is possible at a minimum expense. Continuity of supervision, close co-operation with the ward physicians and proper records are essential. It should be our purpose to shorten the stay of patients in the wards by improvement in the Out-Door Department treatment."

The bronchitis class, under Dr. Grabfield, was organized to permit of an intensive treatment of patients with chronic or recurring bronchitis with the especial purpose of testing out various therapeutic measures. This is a group of patients difficult of satisfactory management as part of the general routine of an out-patient clinic and for whom we have very little adequate knowledge of proper therapeutics. During the year, 42 of these patients made 154 visits to the Clinic and were treated by several methods. It is hoped that from such a study very much more effective methods of treatment will be developed.

The tuberculosis class, under Dr. Wood, is actually maintained by the Arlington Street Church while the Peter Bent Brigham Hospital merely provides a meeting place. However, it is of help to the Hospital as it furnishes an excellent method for managing certain of our cases of pulmonary tuberculosis. During the year 28 patients were enrolled in this class.

The neurological class under Dr. MacPherson has changed somewhat in character by increasing attention to the mild psychoneuroses whose difficulties were within the reach of some simple mental readjustment, and returning to the general medical clinic the majority of the organic cases for which there is very little satisfactory therapy. This has been made necessary by the rapid increase in the size of the Clinic, rendering it difficult to

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cover adequately all the work and so making it necessary to exercise some selection as to patients taken into the class. The functional cases were selected as being more helped by this sort of class management. In addition, organic cases needing more careful examination than was possible in the general clinic were taken into the class for a time until diagnosis was established and then these were returned to the general clinic.

During 1922 the following were the publications of the medical staff:

CHRISTIAN, HENRY A. Digitalis Effects in Chronic Cardiac Cases with Regular Rhythm in Contrast to Auricular Fibrillation. Transactions of Association of American Physicians, 1922, XXXVII, p. 284, and Medical Clinics of North America, 1922, V, p. 1173.

— Digitalis in Cardiac Disease. Journal of the Iowa State Medical Society, 1922, XII, p. 307, and Boston Medical and Surgical Journal, 1922, CLXXXVII, p. 47.

— Pernicious Anemia. International Clinics, 1922, pp. 1, 9.

— Some Disturbances in Pernicious Anemia other than Blood Changes. Southern Medicine and Surgery, 1922, LXXXIV, p. 179.

— The Relation that Exists Between Hypertension, Myocarditis and Nephritis. Journal of the Iowa State Medical Society, 1922, XII, p. 171, and Wisconsin Medical Journal, 1922, XX, p. 455.

— The Lure of Medicine. Alumni Bulletin of University of Virginia, 1922, XV, p. 335.

— Sir William Osler (1849–1919). Proceedings of the American Academy of Arts and Sciences, 1922, LVII, p. 496.

FROTHINGHAM, CHANNING. Syphilis. Medical Clinics of North America, 1922, V, p. 1339.

— Osteopathy, Chiropractic and the Profession of Medicine. The Atlantic Monthly, July, 1922, p. 75.

— The Education of the Trained Nurse. Boston Medical and Surgical Journal, 1922, CLXXXVII, p. 930.

PEABODY, F. W.; STURGIS, C. C.; HALL, F. C., and FREMONT-SMITH, FRANK, JR. Clinical Studies on the Respiration: VIII. The Relation of Dyspnea to the Maximum Minute-Volume of Pulmonary Ventilation. Archives of Internal Medicine, 1922, XXIX, p. 236.

- PEABODY, F. W.; STURGIS, C. C.; BARKER, BERTHA I., and READ, MARGARET N. Clinical Studies on the Respiration: IX. The Effect of Exercise on the Metabolism, Heart Rate, and Pulmonary Ventilation of Normal Subjects and Patients with Heart Disease. Archives of Internal Medicine, 1922, XXIX, p. 277.
- PEABODY, F. W.; DRINKER, C. K., and BLUMGART, H. L. The Effect of Pulmonary Congestion on the Ventilation of the Lungs. Journal of Experimental Medicine, 1922, XXXV, p. 77.
- BERGLUND, HILDING, and FOLIN, OTTO. The Retention and Distribution of Amino-Acids with Especial Reference to the Urea Formation. Journal of Biological Chemistry, 1922, LI, p. 395.
- BLUMGART, HERRMANN L. The Antidiuretic Effect of Pituitary Extract Applied Intranasally in a Case of Diabetes Insipidus. Archives of Internal Medicine, 1922, XXIX, p. 508.
- GRANT, SAMUEL B. Tetany: A Report of Cases with Acid-Base Disturbance. Archives of Internal Medicine, 1922, XXX, p. 355.
- LEVINE, SAMUEL A. Problems for Cardiovascular Investigation. Boston Medical and Surgical Journal, 1922, CLXXXVI, p. 38.
- Paroxysmal Tachycardia as an Occasional Upset During Ether Administration. American Journal of Surgery, 1922, XXXVI, p. 48.
- Angina Pectoris: Some Clinical Considerations. Journal of American Medical Association, 1922, LXXIX, p. 928.
- LEVINE, S. A., and GOLDEN, ROSS. Some Observations on Paroxysmal Rapid Heart Action with Special Reference to Roentgen-Ray Measurements of the Heart In and Out of Attacks. Archives of Internal Medicine, 1922, XXIX, p. 836.
- LEVINE, S. A.; LENNOX, W. G., and GRAVES, R. C. An Electrocardiographic Study of Fifty Patients During Operation. Archives of Internal Medicine, 1922, XXX, p. 57.
- McCLURE, C. W., and REYNOLDS, LAWRENCE. Motor Phenomena Occurring in Normal Stomachs, in the Presence of Peptic Ulcer and Its Pain, as Observed Fluoroscopically. Archives of Internal Medicine, 1922, XXIX, p. 1.
- O'HARE, JAMES P. Common Sense in the Interpretation of Hypertension. Medical Clinics of North America, 1922, V, p. 1349.
- WEARN, J. T.; WARREN, SYLVIA, and AMES, OLIVIA. The Length of Life of Transfused Erythrocytes in Patients with

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Primary and Secondary Anemia. Archives of Internal Medicine, 1922, XXIX, p. 527.

WYNN, JAMES. Observations Following Intravenous Injections of Hypertonic Salt Solutions in Cases of Neurosyphilis. Archives of Internal Medicine, 1922, XXIX, p. 72.

— Effect of Time Between Obtaining a Spinal Fluid and Making a Cell Count on the Result of the Count. Journal of Laboratory and Clinical Medicine, 1922, VII, p. 273.

In the above list only actual publications are included. This means that the list is a report of work for the most part really done prior to the present year covered by this annual report. During 1922 much work was under way, which, when completed and published, will appear in subsequent annual reports. To save duplication, no report of that work will be given here.

The 1922 report ends the first decade of the Hospital's existence. Next year will be a fitting time to review and summarize the accomplishments of a ten year period of work. Ten years has given the Hospital time to find itself, so to speak, and to take its place in the community of hospitals of this country. A review of the annual reports of ten years will show the deficiencies demonstrated in our Hospital since it was opened. The Physician-in-Chief and Surgeon-in-Chief in these reports have discussed these and suggested improvements. To date no organized effort has been made to secure funds for improvements and enlargements definitely needed, and a large part of their suggestions have not been carried out for want of funds. It seems to me that no better way could be found for marking the beginning of our second decade than organized activity under the leadership and guidance of the Board of Trustees in the securing of increased funds to permit of the carrying out of developments so earnestly desired by the staff of the Hospital. Ours is certainly the only hospital in Boston whose trustees during the past ten years have inaugurated no organized effort toward securing funds for improvement and enlargement of

PETER BENT BRIGHAM HOSPITAL

hospital activities. Most of the others, even under the hampering of war conditions, have made notable additions to their resources.

In closing it is again a pleasure to acknowledge the splendid co-operation in hospital work from all associates on the staff, and from the administration, the nurses and hospital employees. Where there are so many to thank it is impossible to make distinctions in service of fine quality. One department during the year has had a new head. In that, the X-Ray Department, Dr. Sosman has maintained the best traditions of his predecessors and brought a new skill, so that the medical and surgical services feel that, though in the resignation of Dr. Reynolds they had parted with a delightful associate and an unusually efficient Roentgenologist, in Dr. Sosman they have found a successor in every way comparable and that in the rapid strides of progress in this branch, our patients are being ever better served.

HENRY A. CHRISTIAN,

Physician-in-Chief.

STATISTICS OF MEDICAL SERVICE

Table A, (see page 113) which includes both medical and surgical patients, is essentially a table of causes of death grouped according to the International Classification of Causes of Death. The chief diagnosis in each case represents the patient, and a given patient appears under but one diagnosis. Table B (see page 119) is a summary to show the number of cases admitted, treated, etc., on the medical service.

MEDICAL AND SURGICAL STATISTICS

Table A

Table of Medical and Surgical Diseases Reported in
Terms of International Classification

JANUARY 1, 1922, TO JANUARY 1, 1923

		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
I. EPIDEMIC, ENDEMIC AND IN- FECTIOUS DISEASES						
1	Typhoid and paratyphoid fever.	10	1	2	..	2
2	Typhus fever.	1	..	..	..	..
5	Malaria	3	..	..	..	4
7	Measles	1	..	1	..	..
9	Whooping cough . . . . .	..	..	..	..	1
10	Diphtheria . . . . .	..	..	..	..	2
11	Influenza	62	..	..	..	28
13	Mumps . . . . .	..	..	..	..	6
16	Dysentery	2	..	..	..	..
21	Erysipelas	2	..	..	..	3
22	Acute poliomyelitis . . . . .	..	..	..	..	2
23	Lethargic encephalitis	15	..	..	..	7
25	Other epidemic and endemic diseases . . .	1	..	2	..	2
30	Mycoses	5	..	..	..	6
31	Tuberculosis of respiratory system	83	..	25	..	205
32	Tuberculosis of meninges	5	4	1	..	..
33	Tuberculosis of intestines and peritoneum .	4	1	4	..	5
34	Tuberculosis of vertebral column	3	..	5	..	12
35	Tuberculosis of the joints	1	..	2	..	12
36	Tuberculosis of other organs	10	..	46	..	49
37	Disseminated tuberculosis	3	..	..	..	..
38	Syphilis	273	6	13	..	327
39	Soft chancre . . . . .	..	..	..	..	8
40	Gonococcus infection	7	..	8	..	9
41	Purulent infection, septicemia	18	4	11	3	6
42	Other infectious diseases	2

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		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
	II. GENERAL DISEASES NOT INCLUDED ABOVE					
43	Cancer and other malignant tumors of the buccal cavity . . . . .	..	..	7	..	11
44	Cancer and other malignant tumors of the stomach and liver	28	3	25	3	78
45	Cancer and other malignant tumors of the peritoneum, intestines and rectum . . .	5	1	37	8	15
46	Cancer and other malignant tumors of the female genital organs	2	..	25	4	19
47	Cancer and other malignant tumors of the breast . . . . .	..	..	21	..	28
48	Cancer and other malignant tumors of the skin . . . . .	..	..	2	..	..
49	Cancer and other malignant tumors of other or unspecified organs	27	3	68	15	22
50	Benign tumors and tumors not returned as malignant (tumors of the female genital organs excepted)	1	..	4	..	50
51	Acute rheumatic fever	26	..	4	..	21
52	Chronic rheumatism, osteoarthritis, gout . .	2	..	2	..	11
56	Rickets	9	..	2	..	1
57	Diabetes mellitus	103	10	22	2	128
58	Anemia, chlorosis	58	4	4	..	28
59	Diseases of the pituitary gland	2	..	44	6	10
60	Diseases of the thyroid gland	52	1	27	..	84
61	Diseases of the parathyroid glands . . . . .	..	..	..	..	1
62	Diseases of the thymus gland . . . . .	..	..	..	..	1
63	Diseases of the adrenals (Addison's disease)	3	..	..	..	2
64	Diseases of the spleen	10	..	1	..	5
65	Leukemia and Hodgkin's disease	9	1	4	..	9
66	Alcoholism (acute or chronic)	13	..	5	..	19
67	Chronic poisoning by mineral substances . .	1	..	..	..	10
68	Chronic poisoning by organic substances . .	4	..	2	..	..
69	Other general diseases	28	2	4	..	88
	III. DISEASES OF THE NERVOUS SYSTEMS AND OF THE ORGANS OF SPECIAL SENSE					
70	Encephalitis	6	1	9	1	..

MEDICAL AND SURGICAL STATISTICS

		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
71	Meningitis (does not include meningitis specified as meningococcic, tuberculous, rheumatic, etc.)	9	2	8	..	1
72	Tabes dorsalis (locomotor ataxia)	20	..	2	..	20
	Tabes dorsalis and syphilis	20	..	..	..	..
73	Other diseases of the spinal cord	17	1	20	..	31
74	Cerebral hemorrhage, apoplexy	23	3	2	..	10
75	Paralysis without specified cause	18	..	7	..	18
76	General paralysis of the insane	7	..	1	..	7
77	Other forms of mental alienation	49	..	9	..	23
78	Epilepsy	32	..	17	..	52
79	Convulsions (non-puerperal) (5 years and over)	2	..	8	..	3
81	Chorea	9	..	1	..	21
82	Neuralgia and neuritis	14	..	61	1	80
83	Softening of the brain . . . . .	..	..	1	..	..
84	Other diseases of the nervous system . . .	121	1	..	..	487
	Tumors of nervous system (verified) . . .	..	..	66	15	..
	“ “ “ “ (unverified) . . .	..	..	34	..	..
	“ “ “ “ (suspects) . . .	..	..	52	1	..
85	Diseases of the eye and annexa	55	..	3	..	54
86	Diseases of the ear and of the mastoid process	12	..	12	1	20
IV. DISEASES OF THE CIRCULATORY SYSTEM						
87	Pericarditis	35	2	1	..	4
88	Endocarditis and myocarditis (acute) . . .	22	3	1	..	..
89	Angina pectoris	33	1	..	..	44
90	Other diseases of the heart	353	35	13	..	433
91	Diseases of the arteries	236	..	17	1	176
92	Embolism and thrombosis (not cerebral) .	6	..	9	..	..
93	Diseases of the veins (varices, hemorrhoids, phlebitis, etc.)	34	1	87	..	379
94	Diseases of the lymphatic system (lymphangitis, etc.)	7	..	8	..	65
95	Hemorrhage without specified cause . . .	7	..	3	..	12
96	Other diseases of the circulatory system . .	228	..	5	..	386
V. DISEASES OF THE RESPIRATORY SYSTEM						
97	Diseases of the nasal fossae and their annexa	44	..	3	..	266
98	Diseases of the larynx	7	32

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		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
99	Bronchitis	83	..	8	..	313
100	Bronchopneumonia (including capillary bronchitis)	51	10	24	..	3
101	Pneumonia	44	15	3	1	2
102	Pleurisy	52	1	23	4	79
103	Congestion and hemorrhagic infarct of the lung	16	1	4	..	..
105	Asthma	57	1	3	..	425
106	Pulmonary emphysema	11	..	..	..	35
107	Other diseases of the respiratory system . .	8	..	5	..	..
VI. DISEASES OF THE DIGESTIVE SYSTEM						
108	Diseases of the mouth and annexa	44	..	18	..	60
109	Diseases of the pharynx and tonsils	86	1	64	..	185
110	Diseases of the esophagus . . . . .	..	..	1	..	6
111	Ulcer of the stomach and duodenum	38	..	59	1	218
112	Other diseases of the stomach (cancer ex- cepted)	55	..	11	..	310
114	Diarrhea and enteritis (2 years and over) .	29	..	9	1	21
116	Diseases due to other intestinal parasites .	6	..	1	..	8
117	Appendicitis and typhlitis	5	1	150	7	131
118	Hernia, intestinal obstruction	25	..	158	3	202
119	Other diseases of the intestines	51	..	64	..	852
122	Cirrhosis of liver	9	1	..	..	5
123	Biliary calculi	14	1	17	1	127
	Cholelithiasis and cholecystitis	7	..	54	2	..
124	Other diseases of the liver	24	..	24	3	68
125	Diseases of the pancreas	1	1	5	..	1
126	Peritonitis without specified cause	7	..	15	1	3
127	Other diseases of the digestive system (cancer and tuberculosis excepted) . . . .	..	..	2	1	..
VII. NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA						
128	Acute nephritis (including unspecified under 10 years)	7	..	..	..	16
129	Chronic nephritis (including unspecified 10 years and over)	65	9	12	..	124
	Nephritis and hypertension	55	13	..	..	..

MEDICAL AND SURGICAL STATISTICS

		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
131	Other diseases of kidneys and annexa (diseases of the kidneys in pregnancy excepted)	30	2	66	..	89
132	Calculi of the urinary passages	6	..	46	..	83
133	Diseases of the bladder	23	..	35	..	148
134	Diseases of the urethra, urinary abscess, etc.	1	..	14	..	61
135	Diseases of the prostate	16	..	54	8	116
136	Non-venereal diseases of the male genital organs	13	..	22	..	66
137	Cysts and other benign tumors of the ovary	1	..	27	3	19
138	Salpingitis and pelvic abscess	5	..	36	..	208
139	Benign tumors of the uterus	10	..	57	..	63
140	Non-puerperal uterine hemorrhage	3	..	4	..	48
141	Other diseases of the female genital organs	22	..	117	..	685
142	Non-puerperal diseases of the breast (cancer excepted)	4	..	24	..	50
VIII. THE PUERPERAL STATE						
143	Accidents of pregnancy	1	..	34	..	31
	Pregnancy normal	8	..	10	..	89
144	Puerperal hemorrhage	1	..	..	..	..
145	Other accidents of labor	1	..	2	..	..
150	Puerperal diseases of the breast . . . . .	..	..	..	..	20
IX. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE						
151	Gangrene	5	..	6	..	8
152	Furuncle	4	..	11	..	350
153	Acute abscess	1	..	32	1	257
154	Other diseases of the skin and annexa	46	..	20	..	724
X. DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION						
155	Diseases of the bones (tuberculosis excepted)	11	..	31	..	60
156	Diseases of the joints (tuberculosis and rheumatism excepted)	72	..	9	..	523
157	Amputation	1	..	2	..	3
158	Other diseases of organs of locomotion.	17	..	11	..	206
XI. MALFORMATIONS						
159	Congenital malformations	17	..	30	1	28

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		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
	XII. EARLY INFANCY					
160	Congenital debility, icterus, and sclerema .	1
161	Premature birth; Injury at birth	1	1	..	..	..
	XIII. OLD AGE					
164	Senility	5	..	2	..	2
	XIV. EXTERNAL CAUSES					
175	Poisoning by food . . . . .	..	..	..	..	1
176	Poisoning by venemous animals . . . . .	..	..	..	..	1
177	Other acute accidental poisonings (gas ex- cepted)	12	..	2	..	6
179	Accidental burns (conflagration excepted) .	1	..	6	2	99
181	Accidental absorption of irrespirable or poisonous gas	3	..	..	..	3
183	Accidental traumatism by firearms (wounds of war excepted) . . . . .	..	..	11	1	8
184	Accidental traumatism by cutting or piercing instruments . . . . .	..	..	8	..	50
185	Accidental traumatism by fall	6	..	98	7	668
187	Accidental traumatism by machines . . . .	..	..	4	..	22
188	Accidental traumatism by other crushing (vehicles, railways, landslides, etc.) . . .	..	..	55	4	119
189	Injuries by animals (not poisoning) . . . .	..	..	1	..	15
193	Excessive cold . . . . .	..	..	..	..	5
194	Excessive heat	1	..	1	..	2
201	Fracture (cause not specified) . . . . .	..	..	..	..	254
202	Other external violence (cause specified) .	2	..	7	..	1267
203	Other external violence (cause not specified)	..	..	2	..	116
	XV. ILL-DEFINED DISEASES					
205	Disease not specified or ill-defined	63	1	36	..	594

Table B
Summary of Medical Report
JANUARY 1, 1922, TO JANUARY 1, 1923

Total number of admissions in 1922		2,688	
Total number of medical cases remaining in the wards January 1, 1922		77	
			2,765
Total number of medical re-admissions discharged in 1922	897		
Total number of medical new cases discharged in 1922 . .	1,785		
		2,682	
Total number of medical cases remaining in the wards January 1, 1923		83	
			2,765
Results on medical cases discharged in 1922 were as fol- lows:			
Total number discharged well	161		
improved	1,731		
unimproved	138		
untreated	373		
transferred to Surgical Service	127		
dead	152		
		2,682	
Total number of medical cases remaining in the wards January 1, 1923		83	
			2,765

Register of Present Members of the Staff

ABBREVIATIONS

P.B.B.H. — Peter Bent Brigham Hospital Harv. — University
 B.C.H. — Boston City Hospital H.M.S. — Harvard Medical School
 J.H.H. — Johns Hopkins Hospital J.H.M.S. — Johns Hopkins Medical
 M.G.H. — Massachusetts General School
 Hospital H.O. — House Officer

BAILEY, PERCIVAL

B.S., Univ. of Chicago, 1914; Ph.D., *ibid.*, 1918; M.D., Northwestern Univ. Med. School, 1918; Asst. in Embryology, Univ. of Chicago, 1914; Asst. in Anatomy, *ibid.*, 1915; Asst. in Anatomy, Northwestern Univ. Med. School, 1916–18; Assoc. in Neurol., P.G. Med. School, Chicago, 1918–19; *Asst. Res. Surg., P.B.B.H., April 1, 1919–Dec. 19, 1919*; Res. Phys., Neurol. Service, Cook County Hosp., Chicago, Jan. 1, 1920–July 1, 1920; Res. Phys., Psychopathic Hosp., Chicago, July 1, 1920–Sept. 1, 1920; *Assoc. in Surg., P.B.B.H., Sept. 1, 1920–July 1, 1921*; Asst. Etranger à la Salpêtrière, Service du Prof. Pierre Marie, Sept. 1, 1921–June 1922; *Jr. Assoc. in Surg., P.B.B.H.*

*BALDWIN, LOUIS B.

Litt.B., Princeton, 1915; M.D., Columbia Univ., 1919; Interne, Presbyterian Hosp., New York, April 1919–July 1920; Assoc. in Med., Presbyterian Hosp., July 1920–July 1921; *Vol. Grad. Asst., Medical Service, P.B.B.H., Oct. 25, 1921–March 28, 1922*; *Asst. Res. Phys., (Acting) P.B.B.H., Dec. 20, 1921–Feb. 1, 1922.*

*BELT, A. ELMER

M.D., Univ. of Cal. Med. Sch., 1920; Fellow, Hooper Research Laboratories; Asst. in Urol. Surgery, Univ. Hospital, for a year; *Asst. Res. Surg., P.B.B.H., July 1, 1922.*

BENTON, ROY WILMOT

Ph.B., Brown Univ., 1918; M.D., H.M.S., 1922; *Med. H.O., P.B.B.H.*

BERGLUND, HILDING

M.D., Univ. of Stockholm, 1916; Asst. Phys., Stockholm Hosp., 1915–19; Asst. Prof., Internal Med., Univ. of Stockholm; *Asst. Res. Phys., P.B.B.H.*

*BLUMGART, HERRMANN

B.S., Harv., 1917; M.D., H.M.S., 1921; *Med. H.O., P.B.B.H., July 1, 1921–Nov. 1, 1922.*

*BROWN, CHARLES LEONARD

B.S., 1919; M.D., Univ. of Okla. Sch. of Med., 1921; *Med. H.O., P.B.B.H.*

REGISTER OF PRESENT MEMBERS OF THE STAFF

BROWN, WILLIAM EUSTIS

Ph.B., Lafayette Coll., 1909; C.P.H., Harvard-M.I.T., Sch. of Public Health, 1915; M.D., H.M.S., 1920; *Surg. H.O.*, *P.B.B.H.*, Oct. 15, 1921–Feb. 20, 1922; Surgeon-in-Chief, N. J. Zinc Co.

BUCK, ROBERT WILLIAM

A.B., Butler Coll., 1914; A.M., Columbia Univ., 1915; M.D., H.M.S., 1921; Asst. Res., Boston Hosp. for Consumptives, 1921; *Med. H.O.*, *P.B.B.H.*, Nov. 1, 1921.

CANNON, WALTER BRADFORD

A.B., Harv., 1896; A.M., *ibid.*, 1897; M.D., H.M.S., 1900; C.B. (military), 1919; D.S.M., 1922; Instr. in Zoölogy, Harv., 1899–1900; Instr. in Physiol., H.M.S., 1900–02; Asst. Prof. Physiol., H.M.S., 1902–06; Geo. Higginson Prof. Physiol., H.M.S.; *Consulting Physiol.*, *P.B.B.H.*; Fellow Am. Acad., 1906; Mem. Am. Philos. Soc., 1908; Mem. Nat. Acad. of Sciences, 1914; Croonian Lecturer, Royal Society, London, 1918; Corresponding Member, Société de Biologie, Paris, 1919; Reale Accademia delle Scienze, Bologna, 1921; Honorary Member Sociedad de Biologia, Buenos Aires, 1922; Lieut. Col., M.C., U.S. Army.

CHEEVER, DAVID

A.B., Harv., 1897; M.D., H.M.S., 1901; *Surg. H.O.*, B.C.H., 1901–03; Asst. in Anat., H.M.S., 1903–08; Asst. Visit. Surg., B.C.H., 1905–12; Demonstr. in Anat., H.M.S., 1908–13; *Surg.*, *P.B.B.H.*; Asst. Prof. Surg. Anatomy, H.M.S.; Asst. Prof. of Surgery, H.M.S.; Assoc. Prof. of Surg., H.M.S., Nov. 27, 1922; Chief Surg., 2nd Harv. Unit, B.E.F., France, Dec. 1915–March 1916.

CHRISTIAN, HENRY ASBURY

A.B. & A.M., Randolph-Macon, 1895; Grad. Stud., *ibid.*, 1895–96; M.D., J.H.M.S., 1900; A.M., Harv., 1903; Asst. Pathol., B.C.H., 1900–02; Asst. Visit. Pathol., *ibid.*, 1902–05; Asst. Visit. Pathol., Children's Hosp., Boston, 1902–05; Instr. in Pathol., H.M.S., 1902–05; Asst. Visit. Phys., Long Island Hosp., Boston, 1905; in charge of Medical Students, M.G.H., 1905–07; Instr. in Theory & Practice of Physic, H.M.S., 1905–07; Asst. Prof. in Theory & Practice of Physic, H.M.S., 1907–08; Phys.-in-Chief, Carney Hosp., Boston, 1907–12; Dean, Faculty of Med. & of Med. School, Harv., 1908–12; *Phys.-in-Chief*, *P.B.B.H.*; Fellow Am. Acad.; Hersey Prof., Theory & Practice of Physic, H.M.S.; formerly Major, M.R.C., U.S. Army; (on leave of absence, Oct. 1, 1919–Oct. 1, 1920, as Chairman, Div. of Med. Sciences, Nat'l. Research Council, Washington, D. C.).

CRISLER, JR., JOSEPH AUGUSTUS

B.S., Univ. of Va., 1917; M.D., H.M.S., 1921; *Surg. H.O.*, *P.B.B.H.*

CUSHING, HARVEY

A.B., Yale, 1891; A.M. & M.D., Harv., 1895; Hon. F.R.C.S., London, 1913, and Ireland, 1918; Hon. A.M., Yale, 1913; Hon. M.D., Queen's Univ., Bristol, 1918; D. Sc., Washington Univ., 1915, and Yale, 1919; LL.D., Western Reserve Univ., 1919, and Univ. of Cambridge, Eng., 1920; House Pupil, M.G.H., 1895–96; Res. Surg., J.H.H., 1896–1900; successively Asst. Instr. & Assoc. Prof. in Surg., J.H.M.S., 1898–1912; Fellow Am. Acad., 1914; Mem. Wash. Acad. Sciences, 1916; Mem. Nat'l. Acad.

PETER BENT BRIGHAM HOSPITAL

Sciences, 1917; Stud., St. Bartholomew's Hosp., 1922; Mickle Fellow, Univ. of Toronto, 1922; *Surg.-in-Chief, P.B.B.H.*; Moseley Prof. of Surg., H.M.S.; Director, U.S Army Base Hosp. No. 5, 1916-19; Col., M.C., U.S. Army; Companion of the Bath (military).

CUTLER, ELLIOTT CARR

A.B., Harv., 1909; M.D., H.M.S., 1913; *Surg. H.O., P.B.B.H., Nov. 1, 1913-March 1, 1915*; Res. Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, April-June 1915; Res. Surg., M.G.H., Aug. 1915-Sept. 1916; Alumni Asst. in Surg., H.M.S., 1915-16; Vol. Asst., Rockefeller Inst., N. Y. City, Oct. 1916-May 1917; Major, M.C., U.S. Army, D.S.M., May 1917-May 1919; Instr. in Surg., H.M.S.; *Res. Surg., P.B.B.H., Aug. 1, 1919-Sept. 1, 1921*; *Assoc. in Surg., P.B.B.H.*; Fellow, Am. Coll. of Surgs.

DAY, HILBERT FRANCIS

Ph.B., Yale, 1901; M.D., H.M.S., 1905; Surg. H.O., B.C.H., Oct. 1905-Nov. 1907; House Phys., Boston Lying-In Hosp., Nov. 1907-July 1908; 3rd Asst. Visit. Surg., B.C.H. (Gynecol. Dept.), 1908-09; 4th Asst. Visit. Surg., B.C.H., 1909; District Phys., Boston Dispensary, Oct. 1909-Oct. 1912. Asst. to Surgeons, Boston Dispensary, Nov. 1911-Nov. 1912; Surg., Maverick Dispensary, E. Boston, 1913-14; Asst. Surg., Boston Dispensary, Nov. 1912-Aug. 1914; Surg., Boston Dispensary, Aug. 1914-Feb. 1919; *Assoc. in Surg., P.B.B.H.*; 1st Asst. Surg., Beth Israel Hosp., 1917-18; Asst. in Surg., H.M.S., 1919-21; Instr. in Surg., H.M.S.; Fellow, Am. Coll. of Surg.; Surg.-in-Chief, Boston Dispensary.

*DENNY, GEORGE PARKMAN

A.B., Harv., 1909; M.D., H.M.S., 1913; *Med. H.O., P.B.B.H., June 1, 1913-July 1, 1914*; Vol., Lab. of Physiol. Research, J.H.M.S., 1914-15; Alumni Asst. in Med., H.M.S., 1915-16; *Assoc. in Med., P.B.B.H.*; Phys. to Med. Students, H.M.S.; Capt., M.C., U.S. Army; Attending Phys., Channing Home, Boston.

DOCK, WILLIAM

B.S., Wash. Univ., 1920; M.D., Rush Med. Coll., 1922; *Med. H. O., P.B.B.H.*

ELKIN, DAN COLLIER

A.B., Yale, 1916; M.D., Emory Univ. Sch. of Med., 1920; *Surg. H.O., P.B.B.H., March 1, 1921-July 1, 1922*; *Asst. Res. Surg., ibid.*

EMERY, JR., EDWARD STANLEY

A.B., Harv., 1916; M.D., H.M.S., 1920; *Med. H.O., P.B.B.H., Nov. 1, 1921-March 1, 1922*; *H.O., X-Ray Dept., ibid.*

FITZ, REGINALD

A.B., Harv., 1906; M.D., H.M.S., 1909; Med. House Pupil, M.G.H., 1910-11; Vol. Asst. in Pharmacol. & in Med. Clinic, J.H.H., 1911-12; *Sr. Med. H.O., P.B.B.H., Nov. 1, 1912-July 1, 1913*; *Asst. Res. Phys., P.B.B.H., July 1, 1913-Sept. 1, 1915 (granted leave of absence to Dec. 31, 1916)*; Fellow in Physiol., H.M.S., 1914-15; Asst. Res. Phys., Rockefeller Inst. Hosp., N. Y. City; Major, M.C., U.S. Army, May 1917-April 1919; Assoc. in Med. & Acting Res. Phys., East Med. Service, M.G.H.; Mayo Clinic & Mayo Foundation, 1920-22; *Phys., P.B.B.H.*

REGISTER OF PRESENT MEMBERS OF THE STAFF

FOLIN, OTTO

S.B., Univ. of Minn., 1892; Ph.D., Univ. of Chicago, 1898; Sc.D., Washington Univ., 1915; Sc.D., Univ. of Chicago, 1916; Hon. M.D., Lund, 1918; Mem., Nat. Acad., 1916; Student, Univs. of Sweden & Germany, 1897 & 1898; Asst. Prof. of Physiol. Chem., Univ. of W. Va., 1899-1900; Research Chem., McLean Hosp., Waverley, 1900-08; Assoc. Prof. of Biol. Chem., H.M.S., 1907-09; Hamilton Kuhn Prof. of Biol. Chem., H.M.S.; Chem., M.G.H.; *Consulting Chem., P.B.B.H.*

*FREMONT-SMITH, JR., FRANK

2 yrs. Harv.; 1 yr. M.I.T.; M.D., H.M.S., 1921; *Pathol. H.O., P.B.B.H., July 1, 1921-July 1, 1922.*

FROTHINGHAM, CHANNING

A.B., Harv., 1902; M.D., H.M.S., 1906; Med. H.O., B.C.H., 1906-07; Asst. Visit. Phys., Carney Hosp., O.P.D., Boston, 1908-12; Sec'y., Faculty of Med., Harv., 1908-13; Asst. in Theory & Practice of Physic, H.M.S., 1908-13; Instr. in Med., H.M.S., 1913-22; Asst. Prof. in Med., H.M.S.; *Phys., P.B.B.H.*; Lieut. Col., M.C., U.S. Army, June 1, 1917-Dec. 5, 1918.

GOLDEN, ROSS

A.B., Cornell (Mt. Vernon, Iowa), 1912; M.D., H.M.S., 1916; *Med. H.O., P.B.B.H., July 1, 1916-July 18, 1917*; M.C., U.S. Army, July 18, 1917-April 26, 1920, Major; House Phys., X-Ray Dept., M.G.H., May 1, 1920-April 30, 1921; *Asst. Res. Phys., P.B.B.H., July 1, 1921-April 15, 1922*; Visit. Phys., Roentgen-Ray Dept., Presbyterian Hosp., New York City; Asst. Prof. of Med., Columbia Univ.

GORDON, BURGESS

A.B., Gonzaga Univ., 1912; M.D., Jefferson Med. Coll., 1919; Interne, Jefferson Hosp., Sept. 1919-April 1921; *Asst. Res. Phys., P.B.B.H., Sept. 15, 1921-Aug. 1, 1922*; *Res. Phys., ibid.*

GRABFIELD, GUSTAVE PHILIP

A.B., Williams, 1912; M.D., H.M.S., 1915; Teaching Fellow, Dept. of Pharmacol., H.M.S., 1915-16; *Med. H.O., P.B.B.H., March 1, 1916-June 17, 1917*; Capt., M.C., U.S. Army, April 1917-August 1919; Asst. in Roentgenology, Univ. of Mich. Hosp., 1919-20; Instr. in Pharmacology, H.M.S., 1920-21; Asst. in Pharmacology, H.M.S., 1921-22; *Jr. Assoc. in Med., P.B.B.H.*; Instr. Pharm., H.M.S.

GRANT, SAMUEL BECKER

B.S., Washington Univ., 1918; M.D., Washington Univ. Sch. of Med., 1920; *Med. H.O., P.B.B.H., Oct. 16, 1920-Mar. 1, 1922*; Med. H.O., J.H.H., Mar. 1, 1922-May 1, 1922; *Asst. Res. Phys., P.B.B.H.*

GRAVES, ROGER COLGATE

A.B., Syracuse Univ., 1913; M.D., Univ. Med. School, 1918; *Surg. H.O., P.B.B.H., Aug. 15, 1918-Oct. 19, 1919*; Asst. Res. Surg., New Haven Hosp., New Haven, Conn., Nov. 1919-July 1920; *Asst. Res. Surg., P.B.B.H., July 15, 1920-Aug. 1, 1921*; *Assoc. in Surg., P.B.B.H.*; Cabot Fellow, H.M.S. in charge of Lab. of Surg. Research, Sept. 1, 1921-Sept. 1, 1922.

HALL, FRANCIS C.

Litt.B., Princeton, 1913; M.D., H.M.S., 1917; H.O., M.G.H., 1918; Med. Corps., U.S. Army, 1918-19; Asst. Visit. Phys. & Visit. Phys. to O.P.D., M.G.H. 1920-22; *Assoc. in Med., P.B.B.H.*

PETER BENT BRIGHAM HOSPITAL

***HANSMANN, GEORGE H.**

M.D., Coll. of Med., Univ. of Iowa, 1918; Hosp. Chem., Univ. Hosp., July 1, 1918–July 1, 1919; Clinical Asst., Dept. of Internal Med., Univ. Hosp., Iowa, July 1, 1919–July 1, 1920; Lect. in Clinical Microscopy, *ibid.*, July 1, 1920–July 1, 1921; *Res. Pathol., P.B.B.H.*

HARBIN, ROBERT MAXWELL

B.S., Univ. of Georgia, 1916; M.D., H.M.S., 1920; *Surg. H.O., P.B.B.H., Nov. 1, 1920–Mar. 1, 1922*; H.O., Children's Hosp., Nov. 1, 1922.

***HARRISON, TINSLEY RANDOLPH**

A.B., Univ. of Mich., 1919; M.D., J.H.M.S., 1922; *Med. H.O., P.B.B.H.*

***HEAD, JEROME R.**

M.D., H.M.S., 1922; *Surg. H.O., P.B.B.H.*

***HJORT, AXEL MAGNUS**

A.B., Univ. of Ill., 1914; M.S., *ibid.*, 1915; Ph.D., Yale Univ., 1915; M.D., Yale Univ. Med. School, 1921; *Med. H.O., P.B.B.H., July 1, 1921–Nov. 1, 1922.*

HOMANS, JOHN

A.B., Harv., 1899; M.D., H.M.S., 1903; House Pupil, M.G.H., 1903–04; Asst. in Hunterian Lab., J.H.M.S., 1908–09; Vol. Asst. Surg., Children's Hosp., Boston, 1909–10; Surg., M.G.H., O.P.D., 1910–12; Asst. in Surg., H.M.S., 1910–13; *Surg., P.B.B.H.*; Surg., Boston Dispensary, 1913–14; Assoc. in Surg., H.M.S., 1914–15; Instr. in Surg., *ibid.*; Major, M.C., U.S. Army, June 1918–June 1919.

HORRAX, GILBERT

A.B., Williams, 1909; M.D., J.H.M.S., 1913; *Surg. H.O., P.B.B.H., July 1, 1913–Nov. 1, 1914*; Arthur Tracy Cabot Fellow in charge of Lab. of Surg. Research, H.M.S., 1914–15; *Asst. Res. Surg., P.B.B.H., 1915–16*; Res. Surg., M.G.H., Nov. 1, 1916–May 1, 1917; Major, M.C., U.S. Army, May 5, 1917–April 30, 1919; Instr. in Surg., H.M.S.; *Assoc. in Neurol. Surg., P.B.B.H.*

HOWLAND, JOSEPH BRIGGS

M.D., H.M.S., 1896; Surg. House Pupil, M.G.H., 1896–97; Asst. Phys., State Hosp., Tewksbury, Mass., 1898–1901; Asst. Supt., *ibid.*, 1901–02; Supt., State Colony for the Insane, Gardner, Mass., 1902–07; Asst. Res. Phys., M.G.H., 1907–17; Asst. Administrator, *ibid.*, 1908–17; Acting Administrator & Res. Phys., *ibid.*, July 1917–May 1919; *Supt., P.B.B.H.*; Pres., Am. Hosp. Ass'n., Sept. 1919–Oct. 1920; Mem., Mass. State Bd. of Registration of Nurses; Pres., New Eng. Hosp. Association, 1921–22.

JACKSON, HOWARD BURR

A.B., Harv., 1915; M.D., H.M.S., 1919; *Med. H.O., P.B.B.H., March 15, 1919–April 1, 1920*; H.O., Surg. & Obstet. Services, Mass. Homœopathic Hosp., April 1920–Sept. 1920; Private Practice, Jamaica Plain, Mass.; *Vol. Asst., Med. Service, P.B.B.H.*; Asst. in Med., M.G.H., O.P.D.

JAMESON, CHARLES HAROLD

A.B., Harv., 1916; M.D., H.M.S., 1919; *Surg. H.O., P.B.B.H., June 15, 1919–Nov. 1, 1920*; Free Hosp. for Women, Brookline, Nov. 1920–Feb. 1921; *Asst. Res. Surg., P.B.B.H., Feb. 14, 1921–June 15, 1921*; *Asst. Res. Surg., P.B.B.H., Sept. 15, 1921–June 21, 1922.*

REGISTER OF PRESENT MEMBERS OF THE STAFF

JOELSON, JAMES

M.D., Col. Univ., Coll. Phys. and Surgs., 1920; *Asst. Res. Surg., P.B.B.H.*

KAZANJIAN, VARAZTAD H.

D.M.D., Harv. Dental School, 1905; M.D., H.M.S., 1921; Mem., Harvard Unit, B.E.F., 1915-16; Surgical Specialist for Wounds of Jaws and Face, B.E.F., 1916-19; C.M.G.; Prof. of Clinical Oral Surg., Harv.; *Dental Surg., P.B.B.H., Jan. 22, 1920-Dec. 1922.*

KENT, HAROLD A.

H.D.S., 1919; Asst. to Dr. Miner, Prof. of Oral Surg., H.D.S.; *Dental Surg., P.B.B.H.*

KING, DONALD STORRS

A.B., Oberlin, 1912; M.D., H.M.S., 1918; H.O., Orthopedic Serv., Children's Hosp.; 1st Lieut., M.C., U.S. Army, 1918-19; Med. H.O., M.G.H., 1919-21; *Assoc. in Pathol., P.B.B.H.*

*LANMAN, THOMAS HINCKLEY

A.B., Harv., 1912; M.D., H.M.S., 1916; *Assoc. in Urol., P.B.B.H.*; Clin. Asst. Surg., Children's Hosp., Boston.

LEVINE, SAMUEL ALBERT

A.B., Harv., 1911; M.D., H.M.S., 1914; *Assoc. in Med., P.B.B.H., July 1, 1914-July 1, 1915; Med. H.O., P.B.B.H., July 1, 1915-Nov. 1, 1916;* Moseley Travelling Fellow; Asst., Rockefeller Inst. Hosp., N. Y. City, Nov. 1916-June 1917; Capt., M.C., U.S. Army, June 1917-July 1919; *Assoc. in Med., P.B.B.H.*; Asst. in Med., H.M.S.; Consult. Phys., Boston Psychopathic Hospital.

LEWIS, EDWIN RAY

M.D., B.U. School of Med., 1901; Asst. Surg., Clinton Hosp., 1907; Asst. Supt., Mass. Homœopathic Hosp., 1909; Acting Supt., *ibid.*, 1916; Supt., Hahnemann Hosp., Rochester, N. Y., 1916; Supt., Flower Hosp., 1919-20; Capt., M.C., U.S. Army, 1918-19; *2nd Asst. Supt., P.B.B.H.*

LIEBMAN, CHARLES

Ph.B., Yale Univ., 1917; M.D., H.M.S., 1921; X-ray Dept., Base Hosp., Camp Devens; X-ray Dept., Mass. Char. Eye & Ear Inf.; X-ray Dept., New Haven Hosp.; *X-ray H.O., P.B.B.H., June 1, 1921-July 1, 1922;* *Vol. Grad. Asst., X-ray Service, ibid.*; Roentgenologist, Children's Hosp.

*LYON, DON DEE

S.B., Washington Univ., 1914; M.D., H.M.S., 1920; *Surg. H.O., P.B.B.H., Mar. 1, 1921-July 1, 1922.*

MACPHERSON, DONALD JOHN

B.S., Univ. of Rochester, 1911; M.D., H.M.S., 1915; *Med. H.O., P.B.B.H., July 1, 1915-Nov. 1, 1916; Asst. Res. Phys., P.B.B.H., Nov. 1, 1916-June 22, 1917;* Capt., M.C., U.S. Army, May 15, 1917-Aug. 25, 1919; *Assoc. in Med., P.B.B.H.*

McKENZIE, KENNETH G.

M.B., Toronto; M.D., Toronto Univ., 1914; Interne, Toronto Gen. Hosp., 1914; Capt., Imp. Army M.C., 1914-19; Instr. in Anat., Univ. of Toronto, 1919; (on leave of absence to work with Dr. Cushing under the Mickle Fellowship of Toronto Univ.); *Asst. Res. Surg., P.B.B.H.*

PETER BENT BRIGHAM HOSPITAL

MALLORY, TRACY BURR

M.D., H.M.S., 1921; *Med. H.O.*, *P.B.B.H.*

MARINUS, CARLETON J.

B.Sc., Syracuse Univ., 1915; M.Sc., *ibid.*, 1917; M.D., Univ. of Mich. Med. School, 1921; *Med. H.O.*, *P.B.B.H.*

MARKHAM, BLACKWELL

A.B., Univ. of N.C., 1917; M.A., Univ. of N.C., 1918; M.D., H.M.S., 1922; *Surg. H.O.*, *P.B.B.H.*

MARTIN, PAUL

S.B., Brussels, 1911; M.D., Brussels, 1920; Med. Interne, Hosp. St. Pierre, Brussels, 1919-20; Surg. Interne, New Haven Hosp., 1920-21; *Assoc. in Surg.*, *P.B.B.H.*, Sept. 1, 1921-Mar. 1, 1922; *Asst. Res. Surg.*, *ibid.*, March 1, 1922; Asst. in Surg., Brussels Univ. Hosp.

MOORE, RICHMOND LAWRENCE

A.B., Univ. of Va., 1918; M.D., H.M.S., 1922; *Surg. H.O.*, *P.B.B.H.*

MURPHY, WILLIAM P.

A.B., Univ. of Ore., 1914; M.D., H.M.S., 1922, as of 1920; H.O., R.I. Hosp., April 7, 1920-Feb. 1, 1922; *with Dr. O'Hare*, *P.B.B.H.*, summer of 1921; *Asst. Res. Phys.*, *P.B.B.H.*

NEWTON, FRANCIS CHANDLER

A.B., Amherst, 1915; M.D., H.M.S., 1919; *Surg. H.O.*, *P.B.B.H.*, March 15, 1919-July 1, 1920; *Asst. Res. Surg.*, *P.B.B.H.*, July 1, 1920-Sept. 1, 1921; *Res. Surg.*, *P.B.B.H.*

NEWTON, HARLAN FAY

A.B., Yale Univ., 1916; M.D., H.M.S., 1920; Pathol. H.O., B.C.H., June 1920-July 1921; *Surg. H.O.*, *P.B.B.H.*

O'HARE, JAMES PATRICK

A.B., Harv., 1908; M.D., H.M.S., 1911; Med. H.O., B.C.H., So. Dept., July 1, 1911-Oct. 1, 1911; Med. H.O., Carney Hosp., Boston, 1912-13; Fellow in Med., H.M.S., 1913-15; Asst. Visit. Phys., Carney Hosp., 1913-15; Asst. Visit. Phys., B.C.H., 1915-17; *Assoc. in Med.*, *P.B.B.H.*; Asst. in Med., H.M.S.; *Acting Phys.*, *P.B.B.H.*, Aug. 1, 1917-Feb. 1, 1918, and April 1, 1918-Jan. 1, 1919; Instr. in Med., H.M.S.

PARKINS, LEROY EDWARD

A.B., Simpson Coll., 1912; M.D., H.M.S., 1918; Asst. Res., Boston Consumptives' Hosp.; Asst. Res., So. Dept., B.C.H.; *Surg. H.O.*, *P.B.B.H.*, Dec. 1, 1918-March 1, 1920; Private Practice, Douglas, Wyoming; 2nd Asst. Supt., *P.B.B.H.*, Jan. 1921-May 1921; 1st Asst. Supt., *ibid.*, May 1, 1921-Feb. 1, 1923 (resigned).

PEABODY, FRANCIS WELD

A.B., Harv., 1903; M.D., H.M.S., 1907; House pupil, M.G.H., 1907-08; Asst. Res. Phys., J.H.H., 1908-09; Fellow in Pathol., J.H.U., 1909-10; Stud. of Chem., Univ. of Berlin, Germany, 1910; Asst. Res. Phys., Hosp. of Rockefeller Inst., 1911-12; Asst., Rockefeller Inst., 1911-12; *Res. Phys.*, *P.B.B.H.*, Nov. 1, 1912-Sept. 1, 1915 (granted leave of absence March 1, 1914-Jan. 1, 1915, to serve as a member of the China Medical Commission of the Rockefeller Foundation); *Asst. Visit. Phys.*, *P.B.B.H.*, Sept. 1, 1915-

REGISTER OF PRESENT MEMBERS OF THE STAFF

Dec. 9, 1915; Alumni Asst. in Med., H.M.S., 1913-15; Asst. Prof. of Med., H.M.S.; Consulting Phys., Collis P. Huntington Memorial Hosp., Boston; *Phys., P.B.B.H., Dec. 9, 1915-Sept. 1, 1921*; (leave of absence Aug. 1, 1917-Feb. 1, 1918, to serve as a member of the American Red Cross Comm. to Roumania); Major, M.C., U.S. Army, April 1918-Jan. 1919; Assoc. Prof. of Med., H.M.S.; *Consulting Phys., P.B.B.H.*; Prof. of Med., H.M.S., 1921; Visit. Phys., B.C.H.; Director, Thorndike Lab., B.C.H.

POTTER, WILLIAM HENRY

A.B., Harv., 1878; D.M.D., Harv. Dental School, 1885; Mem. Am. Acad. of Dental Science; Demonstr. in Operative Dentistry, Harv. Dental School, 1887-88; Clin. Lecturer, *ibid.*, 1890-96; Lect., *ibid.*, 1896-1900; Asst. Prof., *ibid.*, 1900-04; Prof. of Operative Dentistry, *ibid.*; in practice, Boston; *Consulting Dental Surg., P.B.B.H.*; Dental Corps. U.S. Army, May 7, 1917-April 29, 1919, 1st Lieut., Major, and Lieut. Col.

QUINBY, WILLIAM CARTER

A.B., Harv., 1899; M.D., H.M.S., 1902; House Pupil, M.G.H., 1902-03; Asst. G.U. Surg., Boston Dispensary, 1907-09; Asst. Surg., N.E. Baptist Hosp., Boston 1908-14; in charge of Experimental Surg., Brady Clinic, J.H.H., Sept. 1914-June 1916; Assoc. in Urology, J.H.M.S., 1915-16; Asst. Prof., G.U. Surgery, H.M.S.; *Urological Surgeon, P.B.B.H.*

QUINLAND, WILLIAM SAMUEL

B.S.; M.D.; Rosenwald Fellow in Pathol., H.M.S., Sept. 1919-April 1921; *Asst. in Pathol., P.B.B.H., April 14, 1921-July 28, 1922*; Prof. of Pathol., Meharry Med. Coll.

REIFENSTEIN, BENEDICT W.

B.S., Syracuse Univ., 1920; M.D., Syracuse Univ., 1922; Pathol. H.O., Hosp. of the Good Shepherd, Syracuse, N.Y.; *Pathol. H. O., P.B.B.H.*

REYNOLDS, LAWRENCE

A.B., Univ. of Ala., 1912; M.D., J.H.M.S., 1916; Capt., M.C., U.S. Army, July 28, 1917-May 1, 1919; *Roentgenologist, P.B.B.H., Oct. 15, 1919-June 1, 1922*; Roentgenologist, Children's Hosp., Boston.

ROOT, HOWARD FRANK

A.B., Harv., 1913; M.D., H.M.S., 1919; *Med. H.O., P.B.B.H., Feb. 13, 1919-Jan. 1, 1920*; Clin. Lab., J.H.H., Jan. 1, 1920-Sept. 1, 1920; *Assoc. in Med., P.B.B.H.*; Asst. Phys., N.E. Deaconess Hosp.

SCOTT, W. J. MERLE

M.D., J.H.M.S., 1918; A.M., Col. Univ., Coll. of Phys. and Surgs., 1922; Asst. to Surgeon-in-Chief, Henry Ford Hosp., Detroit, Mich., 1918-21; Fellow in Exper. Pathol., Montefiore Hosp., 1921-22; Arthur Tracy Cabot Fellow, H.M.S., Sept. 1922; *Assoc. in Surg., P.B.B.H.*

*SMITH, JUDSON ARTHUR

A.B., Harv., 1915; M.D., H.M.S., 1918; *Med. H.O., P.B.B.H., Feb. 14, 1918-Jan. 30, 1919*; Surg. Service, New Haven Hosp.; *Asst. Res. Surg., P.B.B.H., June 15, 1921-July 1, 1922.*

*SOOY, DANIEL WARREN

M.D., Univ. of Cal. Med. School, 1917; *Asst. Res. Surg., P.B.B.H., Sept. 1, 1921-July 1, 1922.*

PETER BENT BRIGHAM HOSPITAL

SOSMAN, MERRILL

A.B., Univ. of Wis., 1913; M.D., J.H.M.S., 1917; 1 year Interne; entered U.S.A., M.C.; Army Med. Sch., X-Ray Dept., Walter Reed Hosp., 2 years, 2 months; X-Ray Dept., M.G.H., Aug. 1921; Student Physics, Harv., with Dr. Duane; *Roentgenologist, P.B.B.H.*

STATER, WAYNE J.

A.B., Univ. of Oregon, 1917; M.D., H.M.S., 1921; *Surg. H.O., P.B.B.H.*

STURGIS, CYRUS CRESSEY

B.S., Univ. of Wash., 1913; M.D., J.H.M.S., 1917; *Med. H.O., P.B.B.H., Oct. 15, 1917-Aug. 22, 1918*; 1st Lieut., M.C., U.S. Army, Aug. 23, 1918-July 1, 1919; *Asst. Res. Phys., P.B.B.H., Aug. 25, 1919-April 15, 1920*; *Res. Phys., P.B.B.H., April 15, 1920-Aug. 1, 1922*; *Assoc. in Med., P.B.B.H.*

*TEFFT, JR., RICHARD C.

A.B., Yale Univ., 1916; M.D. cum laude, H.M.S., 1920; *Med. H.O., P.B.B.H.*

TOWLERTON, FLETCHER JOHNSON

A.B., Harv., 1917; M.D., H.M.S., 1921; H.O., Collis P. Huntington Mem. Hosp., July 1, 1919-July 1, 1920; *Surg. H.O., P.B.B.H., July 1, 1921-Nov. 1, 1922*; Phys., Wayne County Home, New York, Jan. 1, 1923.

VAN WAGENEN, WILLIAM PERRINE

M.D., H.M.S., 1922; *Surg. H.O., P.B.B.H.*

VICKERS, DENVER M.

A.B., cum laude, Colorado Coll., 1917; M.D., H.M.S., 1921; *Surg. H.O., P.B.B.H., July, 1921-Nov. 1, 1922*; Asst. Res., McClellan Hosp., New York.

WAKEMAN, EDWARD T.

B.A., Yale, 1919; M.D., Yale Med. Sch., 1922; *Med. H.O., P.B.B.H.*

WALKER, ISAAC CHANDLER

A.B., J.H.U., 1905; M.D., J.H.M.S., 1909; Grad. Stud., Lab. of Theory & Practice of Physic, H.M.S., 1910-11; *Med. H.O., Carney Hosp., Boston, 1910-11*; Lect. on Clin. Microscopy & Physical Diagnosis, Univ. of Iowa, 1911-12; Stud. of Prof. Morawitz, Freiburg, Germany, 1912; Research, Rockefeller Hosp., New York City, 1912; *Sr. Med. H.O., P.B.B.H., Nov. 1, 1912-March 1, 1913*; *Asst. Res. Phys., ibid., March 1, 1913-March 1, 1914*; *Act. Res. Phys., ibid., March 1, 1914-Jan. 1, 1915*; *Asst. Res. Phys., ibid., Jan. 1, 1915-March 1, 1915* (granted leave of absence from March 1, 1915-Sept. 1, 1915); *Med. Chief, Hospital A^b 32^{bis}, Passy Yonne, France, March 1, 1915-July 1, 1915*; *Assoc. in Med., P.B.B.H.*; Asst. in Pharmacol., H.M.S.; Alumni Asst. in Med., H.M.S.; *Acting Phys., P.B.B.H., Aug. 1, 1917-Feb. 1, 1918 and April 1, 1918-Dec. 16, 1918*; Asst. Prof. of Med., H.M.S., 1918-19.

WALKER, WILLIAM G.

M.D., Univ. of Iowa; 3 mos. Pathol. Dept., Univ. of Iowa; 1 yr. Interne, Univ. of Iowa Hosp.; 1 yr. Clin. Asst., Univ. of Iowa Hosp.; 2½ mos. Clin. Microscopy, Univ. of Iowa Hosp.; *Vol. Grad. Asst., Med. Service, P.B.B.H., Mar. 28, 1922*; *Assoc. in Med., ibid.*

REGISTER OF PRESENT MEMBERS OF THE STAFF

WARREN, JR., WILLIAM CHESTER

B.S., Emory Univ.; M.D., Emory Univ. Sch. of Med.; *Surg. H.O., P.B.B.H.*

WELLS, GUY

Brown Univ., 1916; Cornell Univ. Med. Coll., 1920; Interne, R. I. Hosp., 2 yrs.; *Asst. Res. Phys., P.B.B.H.*

WHEELER, DANIEL W.

S.B., Knox Coll., 1915; M.D., Rush Med. Coll., 1920; *Asst. Res. Surg., P.B.B.H., June 1, 1921–March 1, 1922*; Fellow in Pathol., Rush Med. Sch., Jan. 1920–21; Fellow, Trudeau Foundation, May–Dec. 1922; Asst. Res. Phys., Trudeau Sanatorium, Jan. 1923.

WOLBACH, SIMEON BURT

Stud., Harv., 2 yrs.; M.D., H.M.S., 1903; 2nd Asst. in Pathol., B.C.H., 1903–04; 1st Asst. in Pathol., *ibid.*, 1904–05; 2nd Asst. Visit. Pathol., *ibid.*, 1905–08; Pathol., Long Island Hosp., Boston, 1905–08; Pathol., Boston Floating Hosp., 1905–08; Pathol., Mass. Infants' Asylum, 1905–08; Asst. in Pathol., H.M.S., 1905–06; Instr. in Pathol., *ibid.*, 1906–08; Adjunct. Prof. of Pathol. & Bacteriol., Albany Med. Coll., 1908–09; Director, Bender Hygienic Lab., Albany, N. Y., 1908–09; Pathol., Albany City Hosp., 1908–09; Pathol., St. Peter's Hosp., Albany, 1908–09; Pathol., St. Margaret's House, Albany, 1908–09; Lecturer in Pathol., McGill Univ., 1909–11; Director, Histol. Lab., McGill Univ., 1909–11; Director, Montreal Gen. Hosp. Lab., 1909–11; Asst. Prof. of Bacteriol., H.M.S., 1910–14; Assoc. Prof. of Bacteriol., H.M.S., 1914–16; Pathol., Children's Hosp., Boston; Assoc. Prof. of Pathol. & Bacteriol., H.M.S.; *Pathol., P.B.B.H.* (on leave Jan. 1, 1920–Aug. 1, 1920, in charge of Typhus Research Hosp., Poland); Fellow, Am. Acad. of Arts and Sciences, 1914; Visit. Pathol., Children's Hosp., Boston, 1915; Corres. Member, Societe de Pathologie Exotique, Paris; Commander, Order of Polonia Restituta.

WOOD, NATHANIEL KNIGHT

A.B., Harv., 1897; M.D., H.M.S., 1901; H.O., B.C.H., Jan. 1902–March 1904; H.O., Boston Lying-In Hosp., June 1904–Dec. 1904; Visit. Phys., Carney Hosp., O.P.D., Oct. 1907–Oct. 1912; Visit. Phys., Boston Consumptives' Hosp., O.P.D., Jan. 1909–Jan. 1917; Phys., Boston Dispensary, Oct. 1, 1912–Dec. 1, 1918; *Assoc. in Med., P.B.B.H.*

WOOD, RUSSELL

A.B., Harv., 1916; M.D., H.M.S., 1920; *Med. H.O., P.B.B.H., March 1, 1921–July 1, 1922*; Grad. Asst. in Med., M.G.H., July 1, 1922–Oct. 1, 1922; H.O., So. Dept., B.C.H., Oct. 1, 1922–Feb. 1, 1923.

*Record possibly incomplete; no reply received.

Register of Former Members of the Staff

ADAMS, FRANK DENNETTE

Litt.B., Princeton, 1913; M.D., H.M.S., 1917; Med. H.O., M.G.H., 1917-18; 1st Lieut., M.C., U.S. Army, June 1918-Sept. 1919; *Pathol. H.O.*, *P.B.B.H.*, Oct. 1, 1919-Mar. 15, 1920; *Acting Res. Pathol.*, *P.B.B.H.*, Mar. 15, 1920-July 1, 1920; Res. Phys., B.C.H., Sept. 1920-June 24, 1922; Lecturer in Med., Univ. of N. C., Extension Div., June 1922-Sept. 1922; H.O., Sante Dept., B.C.H., Oct. 1922-Dec. 1922.

ALEXANDER, HARRY LOUIS

A.B., Williams, 1910; M.D., Columbia Univ., Coll. of Phys. & Surg., 1914; H.O., Presbyterian Hosp., N. Y. City, 1914-16; *Asst. Res. Phys.*, *P.B.B.H.*, Sept. 15, 1916-July 6, 1917; Major, M.C., U. S. Army; Instr. in Med., Cornell Univ. Med. Coll., N. Y.; Asst. Adjunct Attend. Phys., 2nd Med. Div., Bellevue Hosp., N.Y.; Attend. Phys. and Visit. Pathol., Overlook Hosp., Summit, N. J.; Chief of Asthma Dept., Cornell Pay Clinic, N. Y.

ATWATER, REGINALD MYERS

A.B., Colorado Coll., 1914; M.D., H.M.S., 1918; C.P.H., J.H.U., 1920; Dr. P.H., *ibid.*, 1921; *Med. H.O.*, *P.B.B.H.*, Mar. 1, 1918-April 15, 1919; Assoc. Prof. Preventive Med. and Hygiene, Hunan-Yale College of Medicine, Changsha, Hunan, China.

BAGLEY, JR., CHARLES

M.D., Univ. of Md., 1904; A.B., Loyola, 1911; Asst. Res. Phys., Univ. Hosp., Baltimore, 1904-05; Asst. Res. Surg., *ibid.*, 1905-06; Med. Supt., Hebrew Hosp., Baltimore, 1906-10; *Asst. Res. Surg.*, *P.B.B.H.*, Jan. 1, 1913-Jan. 1, 1914; Visit. Surg., Hebrew Hosp., Church Home and Infirmary and St. Agnes' Hosp., Baltimore; Consult. Surg., Baltimore Eye, Ear and Throat Charity Hosp., Emergency Hosp., Annapolis, Md., Presbyterian Eye, Ear and Throat Charity Hosp., Baltimore, and Waynesboro Hosp., Waynesboro, Pa.; Assoc. in Experimental Neurology, J.H.M.S.; Assoc. in Experimental Neurol., J.H.U.; Asst. Psychiatrist, J.H.H., Baltimore; Major, M.C., U. S. Army, Aug. 7, 1917-Oct. 25, 1919; Consult. Neuro-Surgeon, U.S.P.H.S.

*BALYEAT, RAY MORTON

A.B., Oklahoma Univ., 1912; B.S., *ibid.*, 1915; M.A., *ibid.*, 1916; M.D., *ibid.*, 1918; *Med. H.O.*, *P.B.B.H.*, Nov. 1, 1916-Oct. 1, 1919.

BARROW, WILLIAM HULBERT

A.B., Harv., 1908; M.D., H.M.S., 1916; *Med. H.O.*, *P.B.B.H.*, Nov. 1, 1916-June 17, 1917; Capt., M.C., U.S. Army; Medical Advisor, Middlesex School, Concord, Mass.; Med. Advisor and Prof. of Phys. Education, Leland Stanford Univ., Sept. 1, 1922.

REGISTER OF FORMER MEMBERS OF THE STAFF

*BENET, GEORGE

Student for 3 yrs., Univ. of S. C., and Univ. of Va.; M.D., H.M.S., 1913; *Med. H.O., P.B.B.H., June 1, 1913–July 1, 1914*; Sr. Surg., H.O., St. Luke's Hosp., Chicago, July 1, 1914–Jan. 1, 1915; Lab. Asst., Harv. Unit, Am. Ambulance Hosp., Paris, France, April–July 1915; Surg., at French Hosp. near Annel, 1915–16; Capt. & Asst. Surg., 2nd Harv. Unit, B.E.F., France, 1916; Res. Phys., Collis P. Huntington Mem. Hosp., Nov. 1916–April 1917; Surg., Fulham Military Hosp., London, Eng., April–Dec. 1917; M.R.C., U. S. Army, Dec. 1917–Aug. 1918; Capt., M.C., U. S. Army

BERRY, FRANK BROWN

A.B., Harv., 1914; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H., Jan. 9, 1918–March 1, 1918*; Capt., M.C., U.S. Army, March 1, 1918–June 14, 1919; 1st Asst. Pathol., B.C.H., July 1919–July 1920; Surg. H.O., Presbyterian Hosp., N.Y. City, July 1920–July 1921; Practising Med., Providence, R.I.

BLAKE, FRANCIS GILMAN

A.B., Dartmouth, 1908; M.D., H.M.S., 1913; *Med. H.O., P.B.B.H. July 1, 1913–Nov. 1, 1914*; *Asst. Res. Phys., P.B.B.H., Nov. 1, 1914–Sept. 1, 1915*; *Res. Phys., P.B.B.H., Sept. 1, 1915–Oct. 1, 1916*; Moseley Traveling Fellow (Harv.); Asst., Rockefeller Inst. Hosp., Oct. 1916–June 1917; Asst. Prof. of Med., Univ. of Minn., June 1917–July 1919; Visit. Phys., Elliott Mem. Hosp., Univ. of Minn., June 1917–July 1919 (Leave of absence Feb. 11, 1918–July 1, 1919); Assoc. in Med., Rockefeller Inst. Hosp., July 1, 1919–July 1, 1920; Assoc. Mem. in Med., Rockefeller Inst. Hosp., July 1, 1920–June 30, 1921; John Slade Ely Prof. of Med., Yale Univ. School of Med.; Physician-in-Chief, New Haven Hosp., New Haven, Conn.

*BOEHM, JULIUS BENJAMIN

B.S., St. Louis Univ., 1910; M.D., J.H.M.S., 1914; *Surg. H.O., P.B.B.H., Nov. 1, 1914–Nov. 1, 1915 (resigned)*; Res. Surg., Greenpoint Hosp., Brooklyn, N.Y., Nov. 1, 1915–July 1918; Surg. Service, Walter Reed Hosp.; Surg., Brooklyn, N.Y.

BOGGS, ARTHUR GORDON

A.B., Dartmouth, 1915; M.D., H.M.S., 1919; *Surg. H.O., P.B.B.H., March 15, 1919–July 1, 1920*; New Haven Hosp., New Haven, Conn.

BOOTHBY, WALTER MEREDITH

A.B., Harv., 1902; M.D., H.M.S., 1906; A.M., Harv., 1907; European Clinics for 8 mos., 1907–08; Surg. H.O., B.C.H., 1908–09; Asst. in Anatomy, H.M.S., 1910–14; Asst. in Anæsthesia, Harv. Grad. School of Med., 1912–13; Sheldon Travelling Fellow, Harv. (Oxford Univ., largely); Anæsthetist B.C.H., 1912; *Supervisor of Anæsthesia, P.B.B.H., Dec. 11, 1913–Nov. 14, 1916*; Lect. on Anæsthesia & Instr. in Anatomy, H.M.S., 1914–16; Head of Section of Clin. Metabolism, Mayo Clinic, Rochester, Minn., Nov. 1916; Major, M.C., U.S. Army, May 15, 1917–Feb. 1, 1919; Asst. Prof. of Med., Mayo Foundation, Univ. of Minn.; Head of Sect. of Clinical Metabolism, Mayo Clinic.

*BREWSTER, ALBERT H.

B.A., Univ. of Va., 1914; M.D., J.H.M.S., 1918; M.C., U.S. Army, 1917–19; Children's Hosp. Sch., Baltimore, Md., Sept. 1919–Feb. 1920; *Surg.*

PETER BENT BRIGHAM HOSPITAL

H.O., P.B.B.H., Feb. 15, 1920–July 1, 1921; Orthopedic Service, Children's Hosp., Boston.

BRIGHAM, FERDINAND

A.B., Tufts Coll., 1912; D.M.D., Harv. Dental Sch., 1915; *Dental Surgeon, P.B.B.H., March 13, 1919–Jan. 20, 1920; Capt., R.A.M.C., June 1915–Jan. 1919.*

BRITTINGHAM, HAROLD HIXON

A.B., Yale, 1916; M.D., H.M.S., 1920; *Med. H.O., P.B.B.H., July 1, 1920–Nov. 1, 1921; Asst. Res. Phys., P.B.B.H., Nov. 15, 1921–Dec. 6, 1921.*

BRYANT, JOHN

A.B., Harv., 1903; Asst. Res. Surg., Free Hosp. for Women, Brookline, Nov. 1905–June 1906; M.D., H.M.S., 1907; Instr. in Pathol. & Neuro-pathol., H.M.S., Sept. 1907–June 1908; Surg. House Pupil, M.G.H., Dec. 1908–April 1910; Research in Europe, June 1912–Sept. 1913 & June 1914–Sept. 1914; Asst. in Anatomy, H.M.S., since Sept. 1913; Grad. Asst., M.G.H., Children's O.P.D., Jan. 1915; Neurol. O.P.D., Feb. 1915–June 1916; Asst. to Phys.-in-Chief, Robert B. Brigham Hosp., Jan. 1915–June 1916; *Vol. Asst., P.B.B.H., July 1916–Jan. 1917; Assoc. in Med., P.B.B.H. Jan. 1, 1917–Jan. 1, 1918; Major, M.C., U.S. Army, Dec. 12, 1917–May 26, 1919; Med. Asst. in Problems of Convalescence, M.G.H.*

BURLINGHAM, LOUIS HERBERT

A.B., Yale, 1902; M.D., J.H.M.S., 1906; House Pupil, M.G.H., 1906–07; Asst. Res. Phys., M.G.H., 1907–12; Asst. Adm., M.G.H., 1912; *1st Asst. Supt., P.B.B.H., Oct. 19, 1912–April 30, 1917; Curator, ibid., May 8, 1913–May 10, 1917; Supt., Barnes Hosp., St. Louis, Mo.; Administrator, St. Louis Children's Hosp.; Lecturer on Hosp. Adm., Washington Univ. Med. School; Trustee, American Hosp. Assoc., 1919–22; Pres., Missouri Hosp. Assoc.; Assoc. Editor, The Modern Hospital.*

CADBURY, WILLIAM WARDER

A.B., Haverford, 1898; A.M., *ibid.*, 1899; M.D., Univ. of Pa., 1902; Res. Phys., Pa. Hosp., 1903–05; Student, in Vienna, Summer of 1905; Instr. in Pathol. & Pharmacodynamics, Univ. of Pa., 1906–07; Pathol., St. Mary's Hosp., Phila., Pa., 1906–07; Pathol., Henry Phipps Inst. for the Study, Treatment and Prevention of Tuberculosis, 1908–09; Visit. Phys., Free Hosp. for Poor Consumptives, White Haven, Pa., 1908–09; Internist, Canton Hosp., Canton, China; *Asst. Res. Phys., P.B.B.H., Nov. 1, 1915–March 1, 1916; College Phys., Canton Christian College, Canton, China.*

CARR, GLADYS LYDIA

M.D., Tufts, 1906; H.O., N.E. Hosp. for Women & Children, 1906–07; Asst. on Maternity Staff, *ibid.*, 1907–08; General Practice, Boston, 1907–08; Private Practice, Lynn, 1908–14; Head of Roentgen & Electrotherapeutic Depts., N.E. Hosp. for Women & Children; *Roentgenologist, pro tempore, P.B.B.H., June 1, 1914–Feb. 1, 1916; Roentgenologist, ibid., Feb. 1, 1916–Oct. 31, 1917; Roentgenologist, American Comm. for Relief in the Near East, Asia Minor.*

CARTER, JR., DAVID WENDEL

A.B., Southwestern Univ., 1909; A.M., *ibid.*, 1910; M.D., J.H.M.S., 1914; H.O., Clifton Springs Sanitarium, Summer of 1914; *Med. H.O., P.B.B.H.,*

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Jan. 4, 1915–July 1, 1916; Asst. Res. Phys., J.H.H., Aug. 1916–Sept. 1, 1917; Res. Phys., in charge of Private Wards, J.H.H., 1917–18; 1st Lieut., M.C., U.S. Army, Nov. 23, 1917–May 22, 1919; Phys., Dallas, Texas; Visit. Phys., Parkland Hosp., Dallas; Assoc. Prof. of Med., Baylor Univ. Med. Coll., Dallas, Texas; Mem. Staff, Baylor Hosp., Dallas, Texas.

CHASE, HENRY MELVILLE

S.B., Dartmouth, 1897; M.D., H.M.S., 1901; House Pupil, M.G.H., 1901–02; Asst. Surg., Boston Disp., 1906–14; Fellow, Am. Coll. of Surg., 1912; Surg., Boston Dispensary; Surg., Berkeley Infirmary; *Assoc. in Surg., P.B.B.H., Nov. 17, 1914–July 11, 1919 (resigned)*.

CHELEY, GLEN EVAN

A.B., Colorado Coll., 1916; M.D., H.M.S., 1920; *Surg., H.O., P.B.B.H., July 1, 1920–Nov. 1, 1921*; H.O., Boston Lying-In Hospital, Nov. 4, 1921–May 15, 1922; Assoc. Surg., Denver City and County Hosp.

COBB, STANLEY

A.B., Harv., 1910; M.D., H.M.S., 1914; *Surg. H.O., P.B.B.H., July 1, 1914–July 1, 1915*; Vol. Lab. of Physiol. Research, J.H.M.S., Nov. 1915–June 1916; Asst. in Physiol., J.H.M.S.; Asst. in Psychiatry, J.H.H., 1916–17; Asst. in Psychiatry & Physiol. of the Nervous System, J.H.M.S.; Asst. Psychiatrist, J.H.H., 1917–18; Assoc. in Psychiatry, J.H.M.S., (on leave of absence); 1st Lieut., M.C., U.S. Army, Aug. 15, 1917–April 23, 1919; Asst. Neurol., M.G.H., 1919–20; Dalton Scholar, M.G.H.; Instr. in Neurol. & Physiol., H.M.S., 1919–20; Asst. Neurol., M.G.H.; Asst. Prof. of Neuropathol., H.M.S.

COOK, WARD HANCE

A.B., Univ. of Kan., 1909; A.M., *ibid.*, 1910; Fellow in Zoölogy, *ibid.*, 1909–10; Instr. in Embryology & Histology, *ibid.*, 1910; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., July 1, 1914–July 10, 1915 (resigned)*; 2nd Asst. in Pathol., B.C.H., July 10, 1915–July 1, 1916; 1st Asst. in Pathol., B.C.H., July 1, 1916–June 1, 1917; Pathol., Long Island Hosp., Boston, June 1, 1917; Instr. in Pathol., H.M.S., 1917–21; Prof. of Pathol., Med. Coll. of Va., Richmond, Va., 1921.

COUNCILMAN, WILLIAM THOMAS

M.D., Univ. of Md., 1878; Stud., Univs. of Vienna & Leipzig; Hon. A.M., Harv., 1899; Hon. A. M., J.H.U., 1902; LL.D., Univ. of Md., 1907; LL.D., McGill Univ., 1911; Asst. Prof. in Anatomy, J.H.M.S., 1890–91; Shattuck Prof. of Pathol. Anatomy, H.M.S.; *Consult. Pathol., P.B.B.H., March 25, 1912–Aug. 14, 1913*; *Pathol., P.B.B.H., Aug. 14, 1913–Dec. 1, 1916 (granted leave of absence from Nov. 9, 1916–Dec. 1, 1916)*, Mem. Dr. Hamilton Rice's Expedition to South America; Fellow Am. Acad., 1895; Mem. Nat. Acad. of Sciences, 1904; Fellow Philosophical Society, Phila., 1918.

*CROCKETT, EUGENE ANTHONY

Acting Consulting Otologist & Laryngologist, P.B.B.H., June 13, 1918–Dec. 31, 1919.

CUNNINGHAM, THOMAS DONALD

B.S., Dartmouth, 1913; M.D., H.M.S., 1918; House Pupil, M.G.H., Nov. 1, 1917–Nov. 1, 1918; *Asst. Res. Phys., P.B.B.H., March 1, 1919–July 1, 1920*; House Pupil, Children's Medical Service, M.G.H., July

PETER BENT BRIGHAM HOSPITAL

1920-Jan. 1921; Mem. Med. Staff, Denver City & County Hosp., Colo.;
Mem. Staff, St. Joseph's Hosp., Denver, Colo.

***CURTIS, ROBERT DUDLEY**

A.B., Harv., 1914; M.D., H.M.S., 1918; *Med. H.O., P.B.B.H., July 1, 1918-July 1, 1919*; Pediatric H.O., M.G.H., Jan. 1918-July 1918; Asst. Visit. Phys., M.G.H., O.P.D., 1919; Med. Director, Boston Baby Hygiene Assoc.; Asst. in Pediatrics, H.M.S., and H.M.S. Grad. School.

***DAVIDSON, LEONARD TOMB**

B.S., Oberlin, 1912; M.D., J.H.M.S., 1919; *Med. H.O., P.B.B.H., Sept. 15, 1919-Nov. 1, 1920*; St. Louis Children's Hosp., St. Louis, Mo.

***DAWSON, ROGER PAUL**

A.B., Holy Cross, 1907; M.D., H.M.S., 1911; Med. H.O., Carney Hosp., Boston, April 1911-Aug. 1912; *Med. H.O., P.B.B.H., Nov. 1, 1912-Nov. 1, 1913*; Fellow in Med., H.M.S., 1914-15; Phys., Carney Hosp., O.P.D., 1914-15; Asst. Phys., Boston Dispensary, O.P.D.; Asst. Phys., M.G.H., O.P.D.; Asst. in Med., H.M.S.; *Assoc. in Med., P.B.B.H., July 1, 1915-Dec. 31, 1916*.

***DEAN, JR., ARCHIE LEIGH**

B.S., Cornell, 1913; M.D., *ibid.*, 1917; *Surg. H.O., P.B.B.H., May 1917-Feb. 1918*; 1st Lieut., M.C., U.S. Army, Feb. 6, 1918-Sept. 12, 1919.

DEVAN, THOMAS ALAN

B.S., Rutgers, 1906; M.D., J.H.M.S., 1910; H.O., Presbyterian Hosp., N.Y. City, Jan. 1, 1911-Jan. 1, 1913; *2nd Asst. Supt., P.B.B.H., Aug 1, 1913-May 1, 1917*; *1st Asst. Supt., P.B.B.H., May 1, 1917-July 1, 1919 (resigned), (on leave of absence)*, 1st Lieut. M.C., U.S. Army, Nov. 5, 1918-Dec. 6, 1918; College Phys. & Prof. of Hygiene, Rutgers College, New Brunswick, N. J.

***DONALD, DOUGLAS**

B.S., Univ. of Michigan, 1916; M.D., H.M.S., 1918; *Med. H.O., P.B.B.H., Feb. 12, 1918-March 1, 1919*; *Asst. Res. Phys., P.B.B.H., March 1, 1919-June 16, 1919*; Henry Ford Hosp., Dec. 1919-Nov. 1920; Private Practice, Detroit, Michigan.

DRINKER, CECIL KENT

B.S., Haverford, 1908; M.D., Univ. of Pa., 1913; Vol. Asst., Dept. of Pharmacology, Univ. of Pa. Med. Sch., June 1, 1913-March 1, 1914; *Med. H.O., P.B.B.H., March 1, 1914-July 1, 1915*; Asst. in Physiol., J.H.M.S., 1915-16; Instr. in Physiol., H.M.S., 1916-18; *Res. Phys., P.B.B.H., July 10, 1917-Oct. 15, 1917*; Asst. Prof. Physiol., H.M.S., 1918-19; Assoc. Prof. Applied Physiol., H.M.S.; Asst. in Med., M.G.H., 1922; Asst. to the Visit. Phys., B.C.H., Oct. 6, 1922 to present time.

DRINKER, KATHERINE ROTAN

A.B., Bryn Mawr, 1910; M.D., Woman's Med. Coll. of Pa., 1914; *Asst. Res. Phys., P.B.B.H., July 7, 1917-Sept. 24, 1917*.

EDWARDS, SUMNER

A.B., Bowdoin, 1910; Stud., Hebron Acad., Me., 1910-11; M.D., H.M.S., 1915; *Med. H.O., P.B.B.H., Nov. 1, 1915-Jan. 6, 1916 (died Jan. 6, 1916)*.

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ELIOT, MARTHA MAY

A.B., Radcliffe, 1913; M.D., J.H.M.S., 1918; *Med. H.O., P.B.B.H., June 15, 1918-July 1, 1919*; St. Louis Children's Hosp., Sept. 1, 1919-Sept. 1, 1920; Phys., Boston, Mass.; Dept. of Pediatrics, New Haven Hosp., New Haven, Conn., 1921.

FALLON, LOUIS F.

M.D., Univ. of Pa., 1916; *Surg. H.O., P.B.B.H., July 1, 1916-Nov. 15, 1916*; M.C., U.S. Army, Jan. 4, 1918-Oct. 23, 1919, Capt., with Base Hosps. 51 and 69 and General Hosp. 31, Carlisle, Pa.

*FISKE, SEYMOUR

A.B., Univ. of Wis., 1916; M.D., Univ. of Pa., 1920; *Vol. Asst. in Pathol., P.B.B.H., June 23, 1919-Sept. 21, 1919*; *Med. H.O., P.B.B.H., April 1, 1920-July 1, 1921*; Out-Patient Attending Babies' Hospital and Cornell Univ. Med. Coll., N.Y.C.

FLEMING, HOWARD

A.B., Univ. of Cal., 1914; M.D., *ibid.*, 1917; Med. & Surg. H.O., San Francisco Hosp. for 8 mos.; Capt., M.C., U.S. Army; Asst. Res. Surg., San Francisco Hosp., July-Dec. 1919; *Asst. Res. Surg., P.B.B.H., Dec. 20, 1919-Feb. 1, 1921*; Asst. in Surg., Univ. of Cal. Med. School.

*FLEMING, LEROY NEWTON

A.B., Miami, 1910; M.D., J.H.M.S., 1914; Asst. in Surg., J.H.U., 1915; *Surg. H.O., P.B.B.H., Nov. 1, 1915-March 1, 1916*; Special Student, Univ. of Mich., Oct. 1, 1915-Dec. 1, 1916; Surg., Research, Detroit, Michigan.

FOLEY, FREDERIC E. B.

Ph.B., Yale, 1913; M.D., J.H.M.S., 1918; Asst. in Pathol., J.H.M.S., 1918-19; Lab. for Surg. Research, H.M.S., 1919-20; *Surg. H.O., P.B.B.H., Mar. 1, 1920-July 1, 1921*; Genito-urinary Surg., City & County Hosp., St. Paul, Minn.; Visit. Surg., Miller Hosp.; Urologist, Miller Hosp. Clinic, St. Paul, Minn.

FORBES, HENRY STONE

A.B., Harv., 1905; Philippine Islands, 1905-06; Harv. Grad. Sch. of Med., 1906-07; M.D., H.M.S., 1911; Med. H.O., B.C.H., 1911-13; *Sr. Med. H.O., P.B.B.H., June 1, 1913-Nov. 1, 1913*; Phys. for Men, Infirmary, Univ. of Calif., Berkeley, Calif., March 1914-July 1915; American Red Cross, Serbia, July 1915-Feb. 1916; Asst. Phys., M.G.H., O.P.D.; Lieut. & Capt., M.C., U.S. Army, May 1, 1917-April 29, 1919; Research Work, Cancer Commission, H.M.S.; Lab. & Field Work, Div. Industrial Hygiene, H.M.S.; Hon. Research Fellow, Applied Physiol., Yale Univ., New Haven, Conn.

FOSTER, JOHN HESS

B.S., Colby, 1913; M.D., Univ. of Pa., 1917; *Med. H.O., P.B.B.H., July 1, 1917-June 15, 1918*; 1st Lieut., M.C., U.S. Army, July 30, 1918-July 8, 1919; Instr. in Med., Hunan-Yale Coll. of Med., Yale Mission, Changsha, China.

FREMONT-SMITH, MAURICE

A.B., Harv., 1913; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H., March 1, 1918-Feb. 7, 1919*; in charge of hospital at Sivas, Armenia, April 1919-Feb. 1920; Practice of Internal Med., Boston, Mass.

PETER BENT BRIGHAM HOSPITAL

GABE, WILLIAM EDWIN

Stud. 3 yrs., Indiana Univ.; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H., March 1, 1918–March 31, 1919.*

GOETSCH, EMIL

S.B., Univ. of Chicago, 1903; Ph.D., *ibid.*, 1906; Fellow Asst. & Assoc. in Anatomy, *ibid.*, 1904–08; Research Asst., Dept. of Exp. Therapeutics, *ibid.*, 1908–09; Rush Med. Coll., 1906–07; M.D., J.H.M.S., 1909; Asst. in Surg., J.H.M.S., 1909–10; Asst. Res. Surg., J.H.H., 1910–12; *Res. Surg., P.B.B.H., Sept. 1, 1912–Sept. 1, 1915*; Asst. in Surg., H.M.S., 1912–15; Assoc. in Surg., J.H.H., 1915–18; Assoc. Prof. of Surg., J.H.M.S., 1918–19; Prof. of Surg. & Surg.-in-Chief, Long Island Coll. Hosp., Brooklyn.

GOODALL, HARRY WINFRED

A.B., Dartmouth, 1898; M.D., H.M.S., 1902; House Pupil, M.G.H., 1902–03; House Pupil, Boston Lying-in Hosp., 1903; Phys., Boston Dispensary; Asst. Visit. Phys., N.E. Baptist Hosp.; *Assoc. in Med., P.B.B.H., Dec. 12, 1912–Dec. 31, 1917*; Instr. in Med., Harv. Grad. Sch. of Med.; Lieut. Col., M.C., U.S. Army, Oct. 20, 1917–March 2, 1919.

*GOODPASTURE, ERNEST WILLIAM

A.B., Vanderbilt, 1907; M.D., J.H.M.S., 1912; Rockefeller Fellow in Pathol., J.H.U., 1912–14; Pathol., Union Protestant Infirmary, Baltimore 1913–14; Asst. Res. Pathol., J.H.H., 1913–14; Act. Res. Pathol., J.H.H., 1914–15; Instr. in Pathol., J.H.M.S., 1914–15; *Res. Pathol., P.B.B.H., Sept. 1, 1915–Oct. 1, 1917*; Asst. Prof. Pathol., H.M.S.; Fellow in Pathol., Cancer Comm., H.M.S.; Lieut. (j.g.) M.C., U.S.N.R.F.; *Acting Pathol. P.B.B.H., Feb. 1, 1920–Aug. 15, 1920.*

GRAY, HORACE

A.B., Harv., 1909; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., Nov. 1, 1914–March 1, 1916*; Phys., Boston, Mass.; 1st Lieut., M.C., U.S. Army, Nov. 1917–August 1919.

GREENSPON, EDWARD A.

M.D., McGill Univ., 1916; House Bacteriologist, Royal-Victoria Hosp., Montreal, 1916–17; Asst. Res. Pathol., J.H.H., 1917–18; Capt., Canadian Army Med. Corps; *Res. Pathol., P.B.B.H., Oct. 1, 1919–April 1, 1920*; *Med. H.O., P.B.B.H., April 1, 1920–July 1, 1921*; May Fellow in Med. Research, J.H.U.; Asst. in Med., J.H.H.

GREY, ERNEST

A.B., Univ. of Wis., 1907; Asst. in Anatomy, *ibid.*, 1907–08; Stud. in Med., Univ. of Wis. Med. School, 1907–08; M.D., J.H.M.S., 1911; Res. H.O., J.H.H., 1911–12; *Surg. H.O., P.B.B.H., Nov. 1, 1912–Feb. 12, 1914*; *Asst. Res. Surg., P.B.B.H., Feb. 12, 1914–Sept. 1, 1916*; Asst. in Surg., H.M.S., 1915–16; Instr. in Surg., J.H.M.S.; died Oct. 12, 1918.

*HALE, WORTH

A.B., Univ. of Michigan, 1908; M.D., *ibid.*, 1904; *Assoc. in Med., P.B.B.H., Nov. 1, 1917–Dec. 31, 1918.*

HALLER, DAVID ALEXANDER

A.B., Hampden-Sidney, 1908; M.D., Columbia Univ., Coll. of Phys. & Surg., 1913; *Med. H.O., P.B.B.H., Nov. 1, 1913–March 1, 1915*; *Asst. Res. Phys., ibid., March 1, 1915–Oct. 1, 1916*; *Res. Phys., ibid., Oct. 1, 1916–*

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June 6, 1917; Major, M.C., U.S. Army, June 1917–Feb. 1919; Internist for the Rochester Clinic, Rochester, N. Y.; Junior Attend. Phys., Hahne-
mann Hosp., 1920–21.

HARVEY SAMUEL CLARK

Ph.B., Yale, 1907; M.D., Yale Med. School, 1911; Alonzo Clark Fellow, Columbia Univ., 1911–12; Instr. in Pathol., *ibid.*, 1912–13; Asst. Res. Phys., Loomis Sanatorium, Loomis, N. Y., 1913–14; *Surg. H.O., P.B.B.H., Nov. 1, 1914–Nov. 1, 1915 (resigned)*; Arthur Tracy Cabot Fellow in Charge of Lab. of Surg. Research, H.M.S., Nov. 1, 1915–Nov. 1, 1916; *Asst. Res. Surg., P.B.B.H., Nov. 1, 1916–May 7, 1917*; Major, M.C., U.S. Army, May 5, 1917–April 30, 1919; Res. Surg., New Haven Hosp.; Instr. in Surg., Yale Univ. Med. School, July 1, 1919–July 1, 1920; Asst. Prof. of Surg., *ibid.*; Attend. Surg., New Haven Hosp.; Attend. Surg., New Haven Dispensary.

HATCH, FLOYD FROST

A.B., Univ. of Utah, 1912; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., March 1, 1914–Jan. 4, 1915 (granted leave of absence from Jan. 4, 1915 to Feb. 28, 1915)*; Surg. House Pupil, M.G.H., Jan. 4, 1915–Oct. 31, 1916; House Surg., M.G.H., Oct. 31, 1916–Feb. 1, 1917; Private Practice of Surgery, Salt Lake City, Utah; Surg. to G.U. Dept., Salt Lake County Hosp., March 1, 1917–Jan. 1918; Surg. to G.U. Dept., L.D.S. Hosp., Salt Lake City, Utah; 1st Lieut., M.C., U.S. Army, July 1918–August 1919; Asst. County Phys., Salt Lake County Hosp., and Asst. Visit. Surg., Salt Lake County Hosp., 1921–22.

*H'DOUBLER, FRANCIS TODD

B.A., Univ. of Wis., 1907; M.A., *ibid.*, 1908; Ph.D., *ibid.*, 1910; Stud., Univ. of Wis. Med. School, 1 yr.; Stud., Rush Med. School & Univ. of Philippines, 1 yr.; M.D., H.M.S., 1915; H.O., Augustana Hosp., Chicago, June 1915–Jan. 1916; *Med. H.O., P.B.B.H., Jan. 11, 1916–March 1, 1917*; H.O., Augustana Hosp., April 1917–Jan. 1, 1918.

*HERRICK, THEODORE POMEROY

A.B., Yale, 1915; M.D., H.M.S., 1919; *Med. H.O., P.B.B.H., Dec. 26, 1918–Jan. 1, 1920*; Med. H.O., Children's Hosp., Boston, Jan. 1, 1920–Oct. 1, 1920; H.O., Infants' Hosp., Boston, Jan. 1, 1921–April 1, 1921; Jr. Visit. Pediatrician, St. Vincent's Charity Hosp., Cleveland, Ohio; Res. Pediatrician, Rainbow Hosp., So. Euclid, Ohio.

HERRMANN, GEORGE R.

B.S., Univ. of Mich., 1916; M.D., M.S., *ibid.*, 1918; Ph.D., *ibid.*, 1922; *Med. H.O., P.B.B.H., Oct. 1, 1918–Oct. 1, 1919*; Asst. Res. Phys., Barnes Hosp., Oct. 1, 1919–July 1, 1920; Res. Phys., *ibid.*; Asst. in Med., Wash. Univ. School of Med., St. Louis, Mo., July 1, 1920–July 1, 1921; Instr. in Med., Univ. of Mich. Med. School, Ann Arbor, Michigan.

HODGSON, JOHN SPRAGUE

Ph.B., Brown, 1911; M.D., H.M.S., 1917; Surg. House Pupil, M.G.H., Feb. 1, 1915–Aug. 1, 1916; Res. Surg., M.G.H., Sept. 15, 1916–Nov. 15, 1916; *Surg. H.O., P.B.B.H., Nov. 1, 1916–March 1, 1917*; *Asst. Res. Surg., ibid., March 1, 1917–June 22, 1917*; 1st Lieut., M.C., U.S. Army, June 23, 1917–Jan. 28, 1919; 1st Lieut., A.R.C.; Typhus Work in Macedonia, Feb. 1, 1919–June 1, 1919; Res. Surg., M.G.H., Jan. 1920–Oct. 1920.

PETER BENT BRIGHAM HOSPITAL

HOUSTON, JR., DAVID WALKER

A.B., Princeton, 1912; M.D., H.M.S., 1916; *Surg. H.O., P.B.B.H., July 1, 1916–Nov. 1, 1917; Asst. Res. Surg., ibid., Nov. 1, 1917–Feb. 8, 1918*; 1st Lieut., M.C., U.S. Army, Jan. 2, 1918–May 3, 1919; Surg. Staff, Samaritan Hosp., Troy, N. Y.

HOWARD, HERBERT BURR

A.B., Harv., 1881; M.D., H.M.S., 1884; Asst. Phys., State Infirmary, Tewksbury, Mass., 1884–85; in Practice at Idaho Springs, Colo., 1885–87; Asst. Phys., State Infirmary, 1887–91; Supt., *ibid.*, 1891–97; Res. Phys., M.G.H., 1897–1908; *Supt., P.B.B.H., May 1, 1908–May 1, 1919 (retired — age limit)*; Mem. Mass. State Bd. of Insanity, 1898–1913, (Chairman, 1908–13); Pres., Am. Hosp. Ass'n., 1909–10; Trustee, State Colony for the Insane, Gardner, Mass.; died, March 6, 1923.

HURWITZ, SAMUEL HAYMANN

A.B., Harv., 1907; A.M., *ibid.*, 1908; Special Student, Univ. of Strassburg, Germany, 1909–10; Special Student, Inst. of Infectious Diseases, Berlin, Germany, Summer of 1911; M.D., J.H.M.S., 1912; Res. H.O., J.H.H., 1912–13; *Surg. H.O., P.B.B.H., Nov. 1, 1913–March 1, 1915*; Instr. in Research Med., Geo. Wms. Hooper Foundation for Med. Research, Univ. of Cal., San Francisco, Cal.; Asst. Clinical Prof. of Med., Univ. of Cal., San Francisco; Phys., Mt. Zion Hosp.

JACK, EDWIN EVERETT

A.B., Harv., 1884; M.D., H.M.S., 1887; *Acting Consulting Ophthalmologist, P.B.B.H.*; Consulting Ophthalmologist, Mass. Char. Eye & Ear Inf.

JACK, WILLIAM DAVID

A.B., Creighton, 1908; Grad. Stud., Univ. of Chicago, 1909–10; M.D., J.H.M.S., 1914; *Surg. H.O., P.B.B.H., July 1, 1914–Nov. 1, 1915*; Capt. & Asst. Surg., 2nd Harv. Unit, B.E.F., France, Dec. 1915–June 1916; Asst. Res. Urologist, J.H.H., 1916–17; Capt. M.C., U.S. Army & Consult. Urologist, A.E.F., 1917–19; Asst. Res. Surg. & Res. Urologist, J.H.H., 1919–21; Urologist, Chicago, Illinois.

*JACOBSON, CONRAD

B.S., Beloit, 1900; Grad. Stud., 3 summer qrs., Univ. of Chicago; Asst. Prof. of Chem. & Bacteriology, Armour Inst. of Technology, 1903–05; Research Asst. in Pathol., Univ. of Chicago, 1907–08; M.D., J.H.M.S., 1911; Asst. in Surg., Hunterian Lab., J.H.M.S., 1911–12; *Asst. Res. Surg., P.B.B.H., Sept. 1, 1912–Sept. 1, 1915*; Asst. in Surg., H.M.S.; *Res. Surg., P.B.B.H., Sept. 1, 1915–July 1, 1920*; Assoc. Prof. of Surg., Univ. of Minn. Med. School.

JACOBSON, VICTOR CLARENCE

S.B., Wisconsin, 1915; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H., July 18, 1917–July 1, 1918*; 1st Lieut., M.C., U.S. Army, July 8, 1918–Dec. 13, 1918; *Pathol. H.O., P.B.B.H., Jan. 1, 1919–July 1, 1919*; *Res. Pathol., P.B.B.H., July 1, 1919–Oct. 1, 1919*; Asst. Prof. of Pathol., Univ. of Wisconsin, 1919–20; *Res. Pathol., P.B.B.H., July 1, 1920–Sept. 1, 1921*; Instr. in Pathol., H.M.S., July 1920–Sept. 1921; Prof. of Pathol., Union Univ., Albany, N.Y.; Pathol., Albany Hosp.

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***JANNEY, JAMES CRAIK**

A.B., Harv., 1911; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., July 1, 1915–Nov. 1, 1916*; Asst. Surg., Free Hosp. for Women, O.P.D., Brookline; Capt., M.C., U.S. Army.

JONES, MERRITT LACOUNT

S.B., Univ. of Wis., 1912; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., July 1, 1915–Nov. 1, 1916*; *Asst. Res. Surg., P.B.B.H., Nov. 1, 1916–March 1, 1917*; Capt., M.C., U.S. Army, Aug. 1917–July 1919.

KEBABJIAN, HRANT SETRAG

A.B., Anatolia College (Armenia), 1913; M.D., H.M.S., 1918; Admitting Phys., Babies' Ward, Post Grad. Hosp., N.Y. City, March 1918–Sept. 1918; *Surg. H.O., P.B.B.H., Nov. 15, 1918–March 1, 1920*; City Phys., Buffalo, N.Y., July 1920–July 1921; Director, Comm. on Hosps. in Cilicia, July 1921–July 1922; Asst. Res., Long Island Hosp., Boston Harbor, Aug. 1, 1922.

***KEEGAN, JOHN JAY**

A.B., Univ. of Neb., 1912; M.D., *ibid.*, 1915; Instr. in Anatomy, *ibid.*, 1915–17; *Pathol. H.O., P.B.B.H., June 15, 1917–Dec. 15, 1917*; Lieut., M.C., U.S. Navy, Dec. 15, 1917–Aug. 9, 1919; *Surg. H.O., P.B.B.H., Aug. 13, 1919–Nov. 1, 1920*; Asst. Prof. of Pathol., Univ. of Neb.

KEYSER, LINWOOD DICKENS

B.A., Virginia, 1914; M.D., J.H.M.S., 1918; H.O., J.H.H., 1918–19; *Asst. Res. Surg., P.B.B.H., July 1, 1919–Nov. 1, 1919*; Res. Surg., N.Y. Post Grad. Hosp., N.Y. City, Jan. 1920–May 1920; Fellow, Mayo Foundation, Rochester, Minn.; M.S., Mayo Foundation; Univ. of Minn. Grad. School in Med., 1921.

KING, WILLIAM ROBERT

B.S., Univ. of Minn., 1913; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H., July 1, 1917–Feb. 1, 1918*; *Asst. Res. Phys., ibid., Feb. 1, 1918–Oct. 24, 1918 (resigned)*; Private Practice, Minn.

KIRKWOOD, ALLAN STEWART

M.D., Univ. & Bellevue Hosp. Med. Coll., N.Y., 1913; *Assoc. in Med., P.B.B.H., Nov. 1, 1917–Dec. 31, 1917*; Major, M.C., U.S. Army.

***KOEFOED, HILMAR OLAF**

B.S., Beloit, 1911; M.D., H.M.S., 1916; Moseley Travelling Fellowship, Harv., in Europe, Summer of 1916; *Med. H.O., P.B.B.H., Nov. 1, 1916–Nov. 1, 1917*; 1st Lieut., M.C., U.S. Army, Oct. 1917–May 1918; Chief of Clinic at Mem. Lab. & Clinic, Santa Barbara, Calif.; Asst. in Med., Med. School, Univ. of Calif.; Asst. to Prof. H. C. Moffit in his private work; Chief of Med. Dept., Santa Barbara Clinic; Attend. Phys., Cottage Hosp., Santa Barbara, Calif.

KREUTZMANN, HENRY ADOLPH ROBERT

M.D., Univ. of Pa., 1916; *Surg. H.O., P.B.B.H., March 1, 1917–Feb. 4, 1918*; Lieut., M.C., U.S. Army; Instr. in Urol., Univ. of Calif.

LADD, WILLIAM SARGENT

B.S., Amherst, 1910; M.D., Columbia Univ., Coll. of Phys. & Surg., 1915; *Med. H.O., P.B.B.H., Nov. 1, 1915–March 1, 1917*; Asst. Phys., Presbyterian Hosp., N.Y. City; Instr. in Med., Coll. of Phys. & Surg., Columbia

PETER BENT BRIGHAM HOSPITAL

Univ., N.Y., 1918-19; 1st Lieut., M.C., U.S. Army; Asst. in Med., J.H.H., Baltimore, Md., and Instr. in Med., J.H.U., 1919-21; Instr. in Med., Coll. of Phys. & Surg., Columbia Univ., N.Y.; Asst. Phys., Presbyterian Hosp., N.Y., 1921-23.

LAMSON, PAUL DUDLEY

A.B., Harv., 1905; M.D., H.M.S., 1911; Med. House Pupil, M.G.H., March 1909-Aug. 1910; Lect. Asst. in Pharm., Univ. of Wurzburg, Germany, 1912-13; Sheldon Travelling Fellowship, 1911-13; *Asst. Res. Phys., P.B.B.H., Oct. 1, 1913-Oct. 15, 1914*; Asst. in Exp. Therapeutics, J.H.M.S., 1914-15; Assoc. in Exp. Therapeutics, J.H.M.S.; Assoc. Prof., Pharmacology, *ibid.*

LEHMAN, EDWIN PARTRIDGE

A.B., Williams, 1910; M.D., H.M.S., 1914; *Surg. H.O., P.B.B.H., July 1, 1914-July 1, 1915*; Asst. Res. Surg., Barnes Hosp., St. Louis, Mo., Sept. 1, 1915-Sept. 1, 1916; Asst. in Surg., Washington Univ. Med. School, 1916-20; 1st Lieut., M.C., U.S. Army, May 19, 1917-May 2, 1919; Res. Surg., Barnes Hosp., St. Louis, 1919-20; Visit. Surg., St. Louis City Hosp.; Surg. to Out-Patients, Washington Univ. Dispensary; Instr. in Clinical Surg., Washington Univ. Med. School; Clin. Asst., St. Louis Mullanphy Hosp.

LIEB, CLARENCE WILLIAM

A.B., Colorado, 1908; A.M., *ibid.*, 1909; M.D., H.M.S., 1914; *Pathol. H.O., P.B.B.H., April 1, 1914-June 6, 1914 (resigned)*; Med. Director "The Glen Springs," Watkins, N.Y., 1914-17 (resigned); Asst., Cardiac Clinic, N.Y. Hosp.; Assoc. Attend., St. Bartholomew's Hosp., N.Y. City; Instr. in Gastroenterology, Post Grad. Hosp., N.Y.

LOCKE, JR., CHARLES EDWARD

A.B., Univ. of Cal., 1916; M.D., Univ. of Cal., 1919; S.D. (en Chirurgie) Univ. of Brussels, 1922; Med. & Surg. H.O., Univ. of Cal. Hosp., 14 mos.; *Asst. Res. Surg., P.B.B.H., June 15, 1920-June 1, 1921*; Asst. on Visiting Surg. Staff, Dr. Depage's Service, St. Pierre Hosp., Brussels; "Asst. Etranger," Prof. Pierre Marie's Service Salpêtrière, Paris, July, 1921-Sept. 1922; Fellow, C.R.B. Educational Foundation, 1921-22; Asst. in Dept. of Surg., Univ. of Cal. Med. School; Staff of University and Hahnemann Hospitals.

LOURIA, HENRY WALTER

A.B., Columbia Coll., 1916; M.D., Columbia Univ., Coll. of Phys. & Surg., 1919; Surg. H.O., Presbyterian Hosp., N. Y. City, April 1919-July 1920; *Med. H.O., P.B.B.H., July 1, 1920-Oct. 1, 1921*; Student, M.I.T., Oct. 1, 1921-Dec. 15, 1921; Med. Interne, J.H.H., Dec. 15, 1921-Feb. 1, 1922; Asst. Phys., Brooklyn Jewish Hosp., March 1, 1922.

LYLE, EVELINE BURTON

B.A., Mt. Holyoke Coll., 1906; M.D., Tufts Coll. Med. School, 1913; *Acting Assoc. in Med., P.B.B.H., Nov. 1, 1917-Dec. 31, 1917*; Visit. Phys. & Obstetrician, N. E. Hosp. for Women & Children.

LYNCH, JR., JAMES JOSEPH

B.S., Notre Dame Univ., 1915; M.D., H.M.S., 1919; H.O., Boston Lying-in Hosp., Jan. 1, 1919-July 1, 1919; *Med. H.O., P.B.B.H., July 1, 1919-July 1, 1920*; H.O., Cambridge City Hosp., July 1, 1920-July 1, 1921;

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Practicing, Boston, Mass.; Jr. Visit. Obstetrician, St. Elizabeth's Hosp.; Jr. Asst. Surg., Boston Dispensary.

MARLOW, SEARLE BISSET

A.B., Harv., 1912; Stud., H.M.S., 1 yr.; M.D., Syracuse Univ. Med. School, 1916; *Pathol. H.O.*, *P.B.B.H.*, July 1, 1916–July 11, 1917.

MARVIN, FRANK WILLIAM

A.B., Harv., 1910; M.D., H.M.S., 1914; House Pupil, M.G.H., 1914–15; *Surg. H.O.*, *P.B.B.H.*, Nov. 1, 1915–March 1, 1916; Phys., Boston, Mass.; Asst. Surg., M.G.H., O.P.D.; Asst. in Anatomy, H.M.S.

MARVIN, HAROLD MYERS

A.B., Davidson Coll., 1914; M.D., H.M.S., 1918; *Med. H.O.*, *P.B.B.H.*, Feb. 13, 1918–Feb. 9, 1919; District Phys. with Near East Relief, Alexandropol, Armenia, Feb. 16, 1919–March 20, 1920; Asst. in Med., H.M.S.; Asst. in Med., M.G.H., Sept. 20, 1920–Sept. 1, 1921; Instr. in Med., Yale Univ. Med. Sch., Sept. 20, 1921.

MCCANN, WILLIAM SHARP

A.B., Ohio State Univ., 1911; M.D., Cornell Univ. Med. Coll., 1915; Asst. Res. Phys., General Memorial Hosp., N.Y. City, June 1, 1915–Oct. 1, 1915; *Surg. H.O.*, *P.B.B.H.*, Nov. 1, 1915–Nov. 1, 1916 (*resigned*); Arthur Tracy Cabot Fellow in charge of Lab. of Surg. Research, H.M.S.; Capt., M.C., U.S. Army; Instr. in Med., Cornell Univ.; Research Fellow, Russell Sage Inst. of Pathol.; Adjunct Visit. Phys., Bellevue Hosp., N. Y. City.; Assoc. in Med., J.H.M.S.; Assoc. Phys., J.H.H., Baltimore, Md.; Assoc. Prof. Med., J.H.M.S.

MCCARTHY, PATRICK THOMAS

B.S., Univ. of Chicago, 1914; M.D., Rush Med. Coll., 1917; *Surg. H.O.*, *P.B.B.H.*, Dec. 15, 1917–Oct. 1, 1918; *Asst. Res. Surg.*, *P.B.B.H.*, Oct. 1, 1918–Feb. 9, 1919; Relief Comm., Near East, Armenia, Feb. 9, 1919–March 15, 1920; Post Grad. Study, in Europe, April 1, 1920–July 30, 1920; General Practice, Superior, Montana, July 1, 1922; Urologist and Surg., Western Montana Clinic, Missoula, Mont.

*MCCARTY, ELBA DENTON

M.D., Univ. of Mich., 1903; Interne, 2 yrs., St. Mary's Hosp., Saginaw, E.S., Mich.; Gen. Practice, Merrill, Mich., 1905–09; Priest River, Idaho, 1909–17; *Roentgenologist*, *P.B.B.H.*, July 1, 1918–Oct. 14, 1919.

MCCLURE, CHARLES WALTER

A.B., Ohio State Univ., 1906; M.D., Starling Med. Coll., O., 1910; *Med. H.O.*, St. Francis Hosp., Columbus, O., 1910–11; Asst. in Clin. Med., Starling Med. Coll., O., 1911–12; Asst. in Med., Univ. of Iowa Med. School, 1912–15; Grad. Stud. in Med., H.M.S., 1915–16; *Asst. Res. Phys.*, *P.B.B.H.*, July 1, 1916–Nov. 1, 1916; Alumni Asst. in Med., H.M.S.; *Res. Phys.*, *P.B.B.H.*, June 7, 1917–July 6, 1917; Phys.-in-Chief, St. Luke's Hosp., South Bethlehem, Pa., Aug. 1, 1917–March 1, 1918; Capt., M.C., U.S. Army, March 1, 1918–Dec. 24, 1918; *Assoc. in Med.*, *P.B.B.H.*, Feb. 13, 1919–Sept. 1, 1921; Research Worker, Evans Mem. & Gastroenterologist to O.P.D., Mass. Homœopathic Hosp., Boston.

McKEAN, RICHARD M.

A.B., Univ. of Mich., 1916; M.D., *ibid.*, 1919; *Med. H.O.*, *P.B.B.H.*, Dec. 15, 1919–March 1, 1921; *H.O.*, Infants' Hosp., Boston, March 1–July 1,

PETER BENT BRIGHAM HOSPITAL

1921; Jr. Phys., Detroit Receiving Hosp., July 1, 1921–July 1, 1922; Assoc., *ibid.*, July 1, 1922 to present time; Instr. in Int. Med., Detroit Coll. of Med. & Surg., July 1, 1921 to present time.

***McQUESTEN, PHILIP**

A.B., Dartmouth, 1911; M.D., H.M.S., 1915; Stud., B.C.H., (Pathol. Lab.), 1915–16; *Surg. H.O., P.B.B.H., March 1, 1916–July 1, 1917; Asst. Res. Surg., ibid., July 1, 1917–Aug. 17, 1917.*

MILLET, JOHN ALFRED PARSONS

A.B., Harv., 1910; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., Nov. 1, 1914–March 1, 1916;* Internist, N. Y. State Inst. for the Study of Malignant Disease, Buffalo (resigned Jan. 1, 1920); Capt., M.C., U.S. Army, July 1917–Aug. 1919; Asst. Attend. Phys., Buffalo General Hosp.; Instr. in Med., Buffalo Univ. Med. School; Asst. to the Chiefs of Med. Div., Dept. of Hospitals & Dispensaries.

MONTGOMERY, JAMES BLAINE

A.B., Dartmouth, 1911; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., Nov. 1, 1915–March 1, 1917;* House Surg., Mass. Char. Eye & Ear Infirmary, March 1, 1917–July 16, 1917; Grad., Army Med. School, 1917; 1st Lieut., M.C., U.S. Army; Major, Med. Corps, U.S. Army.

MORRIS, LAIRD M.

M.D., Univ. of Cal., 1916; *Asst. Res. Phys., P.B.B.H., April 15, 1920–Oct. 1, 1920;* Asst. in Med., Univ. of Calif. Med. Sch., Jan. 1, 1921.

***MORRIS, JR., SAMUEL LESLIE**

B.S., Davidson (N.C.), 1911; M.D., H.M.S., 1916; *Surg., H.O., P.B.B.H., Nov. 1, 1916–Nov. 1, 1917;* 1st Lieut., M.C., U.S. Army; First Asst. House Surg., St. Louis Southwestern Hosp., Sept. 1, 1919–Dec. 15, 1919; Chief House Surg., *ibid.*

MORTON, JOHN JAMIESON

A.B., Amherst, 1907; M.D., J.H.M.S., 1913; *Surg. H.O., P.B.B.H., March 1, 1913–July 1, 1914;* Fellow in Pathol., Rockefeller Inst., N. Y. City, July 1, 1914–Sept. 1, 1915; House Surg., M.G.H., Nov. 1, 1915–Nov. 1, 1916; Asst. Res. Phys., Rockefeller Inst. Hosp., N. Y. City, Nov. 1916–May 1917; Major, M.C., U.S. Army, May 1917–April 1919; Practice, Orthopedic Surg., Boston, Mass.; Grad. Asst., O.P.D., Children's Hosp. Boston; Asst. Orthopedic Surg., Children's Hosp., Boston, April 1919–Sept. 1921; Asst. Prof. Surg., Yale Univ. School of Medicine.

NELLANS, CHARLES T.

B.S., Univ. of Chicago, 1916; M.D., Rush Med. Coll., 1918; Mem. Res. Staff, Presbyterian Hosp., Chicago, Jan. 1, 1918–Sept. 1, 1919; *Med. H.O., P.B.B.H., Sept. 15, 1919–Nov. 1, 1920;* Asst. in Med., Yale Med. School, 1921; Instr. in Med., Yale Med. School; Resident Phys., New Haven Hosp.

NICHOLS, 3D, ANDREW

A.B., Harv., 1912; M.D., H.M.S., 1916; *Surg. H.O., B.C.H., Nov. 1916–Sept. 1917;* Capt., M.C., U.S. Army, Sept. 15, 1917–June 20, 1919; *2nd Asst. Supt., P.B.B.H., July 1, 1919–Feb. 1, 1921.*

***NOVY, ROBERT LEV**

A.B., Univ. of Mich., 1913; M.S., *ibid.*, 1914; M.D., *ibid.*, 1919; *Med. H.O. P.B.B.H., April 15, 1919–April 1, 1920.*

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O'CONOR, VINCENT JOHN

B.S., Univ. of Mich., 1915; M.D., Rush Med. Coll., 1917; *Surg. H.O., P.B.B.H., Jan. 1, 1917-Jan 1, 1918*; House Surgeon, Presbyterian Hosp., Chicago, Ill., Jan. 19, 1918-June 15, 1918; 1st Lieut., M.C., U.S. Army, July 1, 1918-Feb. 4, 1919; *Asst. Res. Surg., P.B.B.H., Feb. 15, 1919-July 15, 1920*; Urol. Surg., Washington Boulevard Hosp.; Instr. in G. U. Surg., Univ. of Illinois, School of Medicine.

O'MEARA, JOHN WILLIAM

A.B., Holy Cross, 1912; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H., Jan. 7, 1918-Jan 7, 1919*; Orthopedic H. O., Children's Hosp., Boston, Jan. 1919-July 1919; Comm. for Relief in Near East, in charge of Surg. Wards, American Hosp., Samsoun, Turkey in Asia, July 1919-Sept. 1920; Asst. Orthopedic Surg., M.G.H., O.P.D.; Practice, Worcester, Mass.

OPPENHEIMER, ELLA

A.B., Bryn Mawr College, 1914; M.D., J.H.M.S., 1918; *Med. H.O., P.B.B.H. Sept. 1, 1918-June 11, 1919*; Phys. in Charge, Baby Summer Hospital Camp, Washington, D.C., 1920; Examining Phys. (Girls), Juvenile Court, Washington, D.C., Feb. 1920-May 1921; Asst. Visit. Phys., Children's Hospital; Phys., National Training School for Girls; Research Asst., Federal Children's Bureau; Associate Pediatricist, Providence Hosp., Washington, D. C.; Director, Div. of Child Hygiene, Children's Bureau, U.S. Dept. of Labor, 1922.

*ORMOND, ALEXANDER T.

A.B., Princeton, 1912; M.D., J.H.M.S., 1919; *Surg. H.O., P.B.B.H., Nov. 1, 1919-March 1, 1921.*

*PARKER, JR., FREDERIC

A.B., Harv., 1913; M.D., H.M.S., 1916; *Med. H.O., P.B.B.H., March 1, 1917-April 1, 1917.*

*PECK, EUGENE CURTIS

A.B., Harv., 1916; M.D., H.M.S., 1919; *Med. H.O., P.B.B.H., July 1, 1919-July 1, 1920*; Instr. in Physiological Chem., Tulane Univ. of Louisiana Med. School; Asst. in Pediatrics, H.M.S.

PENFIELD, WILDER GRAVES

Litt. B., Princeton, 1913; B.A., Oxford, 1916; M.A. & B.Sc., *ibid.*, 1920; M.D., J.H.M.S., 1918; *Surg. H.O., P.B.B.H., Aug. 15, 1918-Sept. 20, 1919*; Beit Mem. Research Fellow, England; Assoc. Attend. Surg., Presbyterian Hosp., N. Y.; Assoc. in Surg., Columbia Univ.; Asst. Surg., Neurol. Inst. of N. Y.

*PETTIT, ROSWELL TALMADGE

S.B., Univ. of Chicago, 1908; M.D., Rush Med. Coll., 1913; *Med. H.O., P.B.B.H., March 1, 1914-July 1, 1915*; Asst. Med. Director, Ottawa Tuberculosis Colony, Ottawa, Ill.; Phys., Illinois Valley Hosp., Ottawa, Ill.; Capt., M.C., U.S. Army; Acting Asst. Surg., U.S.P.H.S.; Instr. in Phys. Diagnosis, School for U.S.P.H.S. Examiners.

PRICE, JAMES VALENTINE

A.B., Univ. of N.C., 1915; M.D., J.H.M.S., 1919; *Surg. H.O., P.B.B.H., Oct. 15, 1919-March 1, 1921*; Guggenheim Bros., La Paz, Bolivia, S. A.

PETER BENT BRIGHAM HOSPITAL

*RAND, CARL WHEELER

A.B., Williams, 1908; A.M., *ibid.*, 1909; M.D., J.H.M.S., 1912; Res. H.O., J.H.H., 1912-13; *Asst. Res. Surg., P.B.B.H., Oct. 1, 1913-Nov. 1, 1914*; House Surg., Mercy Hosp., Chicago, Ill., Dec. 1, 1914-Nov. 1, 1915; Lieut., M.C., U.S. Army; Surg., Los Angeles, Calif.

*RAPPORT, DAVID

A.B., Harv., 1912; M.D., H.M.S., 1916; (Moseley Travelling Fellowship, June 1916-March 1917); *Med. H.O., P.B.B.H., March 1, 1917-June 17, 1917*; Lieut., M.C., U.S. Army, June 1917-March 1919; Austin Teaching Fellow in Physiology, H.M.S., Sept. 1919-Sept. 1920; Instr. in Physiology, H.M.S.

RHEA, LAWRENCE JOSEPH

B.S., Univ. of Texas, 1901; M.D., J.H.M.S., 1905; H.O., in Pathol., B.C.H., 1906-07; 2nd Asst. in Pathol., *ibid.*, Jan. 1907-Aug. 1907; 1st Asst. in Pathol., *ibid.*, Aug. 1907-Sept. 1908; Asst. Visit. Pathol., *ibid.*, 1908-09; Asst. in Pathol., H.M.S., 1908-09; Instr. in Pathol., *ibid.*, 1909-10; Asst. Pathol., B.C.H., 1909-10; Director of Pathol. Lab. & Pathol., Montreal Gen'l. Hosp., 1910-12; Lect. in Pathol., McGill Univ., 1910-11; Asst. Prof. of Pathol., *ibid.*, 1911-12; *Res. Pathol., P.B.B.H., July 1, 1912-Oct. 1, 1913*; Asst. Prof. of Pathol., H.M.S., 1912-13; Assoc. Prof. of Pathol., McGill Univ.; Director of Pathol. Lab., Montreal Gen'l. Hosp.; Major, Canadian Army Med. Corps.

RICHARDSON, HENRY BARBER

A.B., Harv., 1910; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., March 1, 1915-July 1, 1916*; Asst. in Med., J.H.M.S.; Asst. Disp. Phys., J.H.H.; 1st Lieut., M.C., U.S. Army, May 17, 1918-June 17, 1919; Instr. in Med., Coll. of Phys. & Surg., Columbia Univ., N.Y. City; Asst. Adjunct Visit. Phys., Cornell Med. School, Bellevue Hosp., N.Y., July 1, 1921; Research Fellow, Russell-Sage Inst. of Pathology, Bellevue Hosp., N.Y., Nov. 1921.

SAEGER, ERNEST TIRRILL

B.S., Dartmouth, 1914; M.D., H.M.S., 1917; *Surg. H.O., P.B.B.H., July 1, 1917-Aug. 1, 1918*.

SCHUMACHER, IRWIN C.

A.B., Univ. of Cal., 1915; M.D., J.H.M.S., 1919; *Asst. Res. Phys., P.B.B.H., Oct. 1, 1920-Sept. 1, 1921*; Instr. in Med., Univ. of Cal. Med. School.

SCHWARTZ, CHARLES WADSWORTH

Ph.B., Yale, 1914; M.D., H.M.S., 1919; *H.O., X-Ray Dept., P.B.B.H., Feb. 20, 1919-Feb. 20, 1920*; Roentgenologist, N.Y. Neurol. Institute; Private Practice, New York.

*SIMON, HILDA AMANDA

M.D., Cooper, 1905; *3rd Asst. Supt., P.B.B.H., Oct. 5, 1917-March 1, 1919 (resigned)*; Supt., Lynn Hosp., Lynn, Mass. (*resigned*).

SISSON, WARREN RICHARDS

A.B., Colgate, 1906; Stud. of Med., Freiburg, Germany (Summer Semester), 1910; Stud., Univ. of Munchen (Winter Semester), 1910-11; Stud., Univ. of Heidelberg (Summer Semester), 1911; M.D., J.H.M.S., 1912; House Pupil, M.G.H., Children's Med. Ward, July 1912-Jan. 1913; *Med. H.O., P.B.B.H., March 1, 1913-March 1, 1914*; *Res. Pathol., P.B.B.H., March 1, 1914-April 1915*; Instr. in Pathol., H.M.S., 1914-15; H.O., B.C.H.,

REGISTER OF FORMER MEMBERS OF THE STAFF

(So. Dept.), Summer of 1915; Sr. H.O., Boston Floating Hosp., July 1, 1915–Sept. 15, 1915; Instr. in Pediatrics, J.H.M.S.; Asst. in Pediatrics, H.M.S.; Visit. Phys., M.G.H.

SMILLIE, WILSON GEORGE

A.B., Colorado, 1908; M.D., H.M.S., 1912; D.P.H., H.M.S., 1916, *Med. H.O.*, *P.B.B.H.*, Nov. 1, 1912–March 1, 1914; *Asst. Res. Phys.*, *ibid.*, March 1, 1914–Sept. 1, 1914; Asst. Instr., Dept. of Preventive Med., H.M.S., 1914–16; Research Fellow, Rockefeller Inst., N. Y. City, 1916–17; International Health Board of Rockefeller Foundation, 1917; loaned by the board as Asst. Prof. Hygiene de Faculdade de Medicina, Sao Paulo, Brazil, 1918–20; Director, Institute Hygiene; Prof. of Hygiene, Faculdade de Medicina e Cirurgia, Sao Paulo, Brazil, 1920–22; Sr. Field Director, of Training Base, International Health Board, Andalusia, Ala.

SMITH, BARNEY BARR

M.D., Jefferson, 1917; H.O., Phil. Jewish Hosp., Pa., 1917–18; 1st Lieut., M.C., U.S. Army, 1918–19; Asst., X-Ray Dept., Lincoln & Beth Israel Hosps., N. Y. City, 1920; *H.O.*, *X-Ray Dept.*, *P.B.B.H.*, April 15, 1920–April 21, 1921; Assoc. Roentgenologist, Buffalo City Hosp., Buffalo, N.Y.

*SMITH-PETERSEN, MARIUS NYGAARD

B.S., Univ. of Wis., 1910; Univ. of Wis. Med. School, 1910–12; M.D., H.M.S., 1914; *Surg. H.O.*, *P.B.B.H.*, July 1, 1914–Nov. 1, 1915; Res. Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, April–July 1918; House Pupil, M.G.H. (Orthopedic Service), 1916; Private Practice, Boston, Mass.; Asst. Visit. Surg., M.G.H., O.P.D., Orthopedic Dept.

SPILLMAN, RAMSAY

A.B., Cornell, 1914; M.D., Cornell Univ. Med. Coll., 1917; *Surg. H.O.*, *P.B.B.H.*, July 1, 1917–March 1, 1918; Lieut. (j.g.), U.S.N.R.F.; H.O., Columbia Hosp., Washington, D.C., April 1, 1918–April 1, 1919.; Asst. Visit. Phys., Florence Crittendon Home.

*STEVENS, FRANKLIN AUGUSTUS

B.S., Univ. of Iowa, 1913; M.D., *ibid.*, 1915; Res. Phys., Univ. Hosp., Iowa, 1915; Instr. in Med., Univ. of Iowa, 1916–17; *Asst. Res. Phys.*, *P.B.B.H.*, July 21, 1917–Jan. 1, 1918; M.C., U.S. Army, 1918–19; Coolidge Fellow in Med., Coll. of Phys. & Surg., 1919–20; Instr. in Med., Coll. of Phys. & Surg., New York.

STEWART, STEELE FULLER

B.S., Westminster, Pa., 1912; M.D., Univ. of Pa., 1918; *Surg. H.O.*, *P.B.B.H.*, June 1, 1918–July 1, 1919; Orthopedic Serv., Children's Hosp., Boston, May–Nov. 1920; Orthopedic Serv., M.G.H., Jan. 15, 1921–Jan. 1, 1922.

STODDARD, JAMES LEAVITT

A.B., Harv., 1910; M.D., H.M.S., 1914; *Pathol.*, *H.O.*, *P.B.B.H.*, July 1, 1914–July 1, 1915; *Act. Res. Pathol.*, *ibid.*, July 1, 1915–Sept. 1, 1915; Research Fellow in Pathol., H.M.S.; Major, M.C., U.S. Army, April 24, 1917–May 17, 1919; Lect. in Biochemistry, Smith Coll., 1920–21; Asst. Prof., Biochemistry, Smith College, 1921–22; Chemist, M.G.H.

STONE, ERIC PERCY

B.S., Harv., 1914, as of 1915; M.D., H.M.S., 1918; *Surg. H.O.*, *P.B.B.H.*, May 15, 1918–July 1, 1919; *Asst. Res. Surg.*, *P.B.B.H.*, Oct. 1, 1919–

PETER BENT BRIGHAM HOSPITAL

June 15, 1920; Externe, Gynecological Service, R. I. Hosp.; Visit. Urologist, Providence City Hospital.; Asst. Surg., Urol. Serv., St. Joseph's Hosp.

STONE, GEORGE HENRY

A.B., Bowdoin, 1905; M.D., Bowdoin Med. School, 1908; H.O., Maine Gen. Hosp., 1908-09; In Practice, Clinton, Mass., 1909-11; H.O., B.C.H., Jan. 1912-Jan. 1913; Executive Asst., B.C.H., Jan. 1913-Feb. 1915; *3rd Asst. Supt., P.B.B.H., Feb. 1, 1915-May 1, 1917*; *2nd Asst. Supt., P.B.B.H., May 1, 1917-July 1, 1919*; Capt., M.C., U.S. Army, Oct. 26, 1918-Feb. 10, 1919; Capt., Med. Sec., Officers' Reserve Corps, U.S. Army, March 20, 1919; *1st Asst. Supt., P.B.B.H., July 1, 1919-May 1, 1921*; Supt., Eastern Maine Gen. Hosp., Bangor, Maine.

TAFT, ANNIE E.

M.D., Tufts, 1907; *Res. Pathol., P.B.B.H., Nov. 5, 1917-Jan. 31, 1918*.

TAFT, ROGER BROWNE

D.M.D., Harv. Dental School, 1908; Asst. in Oral Surg., *ibid.*, 1910; Instr. in Oral Surg., *ibid.*, Feb. 1, 1919; In Practice, Boston; *Dental Surg., P.B.B.H., Jan. 13, 1916-Feb. 13, 1919*; Instr. in Operative Dent., Harv. Dental School.

TEMPLETON, EARL R.

B.S., Colgate Univ., 1914; M.D., Syracuse Univ. Med. School, 1920; *Pathol. H.O., P.B.B.H., July 6, 1920-July 1, 1921*; Med. H.O., New Haven Hosp., 1921-22; Res. In Med., Buffalo City Hosp., 1922.

THAXTER, LANGDON THOM

A.B., Williams, 1911; M.D., H.M.S., 1915; Med. House Pupil, M.G.H., July 1, 1915-Sept. 1, 1916; *Surg. H.O., P.B.B.H., Nov. 14, 1916-July 1917*; Capt., M.C., U.S. Army; Private Practice (Orthopedic Surgery) Portland, Maine.

THOMPSON, CHARLES BAKER

A.B., Haverford, 1909; M.D., J.H.M.S., 1913; *Med. H.O., P.B.B.H., Nov. 1, 1913-Nov. 1, 1914*; 2nd Asst. Res., Phipps Psychiatric Clinic, J.H.H., 1914-15; 1st Asst. Res., *ibid.*, 1915-16; Examining Psychiatrist & Executive Sec'y., Mental Hygiene Soc. of Md.; Asst. Dispensary Psychiatrist, Phipps Psychiatric Clinic, J.H.H.; Director, Psychiatric Dispensary and Assoc. in Psychiatry, Hebrew Hosp.; Visit. Psychiatrist, So. Baltimore Gen. Hosp.; School Psychiatrist, Health Dept., Baltimore Public Schools; Private Practice.

TOWNE, EDWARD BANCROFT

A.B., Harv., 1906 (1907); M.D., H.M.S., 1913; *Surg. H.O., P.B.B.H., July 1, 1913-Nov. 1, 1914*; *Asst. Res. Surg., P.B.B.H., Nov. 1, 1914-Nov. 1, 1915*; Surg., 2nd Harv. Unit, B.E.F., France, Dec. 1915-April 1916; Vol. Asst. in Exp. Bacteriol., Mayo Foundation, Rochester, Minn., June-Sept. 1916; Fellow pro tempore, Mayo Foundation, Sept. 1916-Jan. 1917; *Asst. Res. Surg., P.B.B.H., Sept. 1, 1916-May 7, 1917*; Major, M.C., U.S. Army, May 1917-April 1919; Asst. Prof. of Surg., Med. Dept., Leland Stanford Junior Univ., San Francisco.

TRANTER, CHARLES LEE

B.S., Univ. of Calif., 1911; M.D., Univ. of Calif. Med. School, 1913; Med. & Surg. H.O., Univ. of Calif. Hosp., 1913-14; Asst., Univ. of Calif. Hosp.

REGISTER OF FORMER MEMBERS OF THE STAFF

(Nerve O.P.D.), 1914-15; Asst. in Neurol., Univ. of Calif. Med. School, 1915; *Asst. Res. Surg., P.B.B.H., Jan. 8, 1916-Jan. 1, 1917*; Asst. in Neurol., Univ. of Calif. Med. School, 1917; Capt., M.C., U.S. Army; Surgeon, San Francisco.

TURNER, RALPH WALDO

M.D., Albany Med. School, 1917; *Surg. H.O., P.B.B.H., Dec. 23, 1917-May 2, 1918*; Lieut., M.C., U.S. Army (deceased).

VAIL, HARRIS HOLMES

A.B., Yale, 1912; M.D., H.M.S., 1916; *Surg. H.O., P.B.B.H., March 1, 1916-May 3, 1917*; Lieut., M.C., U.S. Navy, May 3, 1917-Oct. 20, 1919; *Vol. Asst., P.B.B.H., Surg. Serv., Jan. 5, 1920-April 10, 1920*; H.O., Aural, Mass. Char. Eye & Ear Infirmary, May 10, 1920-Oct. 1, 1921; Private Practice, Cincinnati, Ohio.

*VAN GORDER, GEORGE WILSON

A.B., Williams, 1911; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., March 1, 1915-July 1, 1916*; House Surg., St. Anthony Hosp., Labrador, July 1, 1916-Oct. 1, 1916; Med. House Pupil, M.G.H., Oct. 1, 1916-Jan. 1, 1917; House Surg., Free Hosp. for Women, Brookline; Capt., M.C., U.S. Army; Assoc. in Surg., Peking Union Med. Coll., Peking, China.

VAUGHAN, WARREN TAYLOR

A.B., Univ. of Mich., 1913; M.D., Univ. of Mich. Med. School, 1916; *Med. H.O., P.B.B.H., July 1, 1916-Nov. 7, 1917*; 1st Lieut. to Lieut. Col., M.C., U.S. Army, Nov. 7, 1917-July 27, 1919; Asst. in Preventive Med. & Hygiene, H.M.S., Sept. 1919-Oct. 1920; Attend. Phys., St. Elizabeth's Hosp., Richmond, Va.; Assoc. Editor, Jour. Lab. & Clin. Med.

VIETS, JR., HENRY ROUSE

B.S., Dartmouth, 1912; M.D., H.M.S., 1916; *Vol. Asst., Med. Service, P.B.B.H., July 13, 1915-July 17, 1915, Aug. 14-Aug. 23, 1915, Sept. 22-Sept. 24, 1915*; *Surg. H.O., P.B.B.H., March 1, 1917-Aug. 16, 1917*; Capt., M.C., U.S. Army, July 10, 1917-Aug. 22, 1919.

*WALKER, CLIFFORD BLACK

S.B., Univ. of Calif., 1906; Stud., Univ. of Calif. Med. School, 1907-10; M.D., J.H.M.S., 1911; M.A., J.H.U., 1912; Asst. to Dr. Cushing, 1911-12; Sr. Ophthal. House Surg., Mass. Char. Eye & Ear Infirmary, Boston, 1913; Sr. Aural House Surg., *ibid.*, 1914; *Assoc. in Surg., P.B.B.H., March 1, 1915-April 25, 1918*; Asst. in Ophthal., H.M.S.

*WATKINS, S. SHELTON

A.B., Centre Coll. of Ky., 1908; A.M., *ibid.*, 1909; M.D., J.H.M.S., 1914; Med. & Surg. H.O., Church Home & Infirmary, Baltimore, Jan. 1914-April 1914; *3rd Asst. Supt., P.B.B.H., May 1, 1914-Jan. 15, 1915*; Asst. in Clin. Laryngology, J.H.M.S.; Asst. Disp. Laryngologist, J.H.H.; Asst. Res. Surg., *ibid.*; Mem. of Dr. L. F. Barker's Staff at 1035 No. Calvert St., Baltimore, Md.; Lieut., M.C., U.S. Navy, Dec. 13, 1917-June 6, 1919; Practice, Louisville, Ky.

*WEARN, JOSEPH TRELOAR

B.S., Davidson, 1913; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H., June 15, 1917-June 15, 1918*; 1st Lieut., M.C., U.S. Army, Nov. 1917-Aug. 1919; *Asst. Res. Phys., P.B.B.H., Sept. 1, 1919-Aug. 15, 1921*.

PETER BENT BRIGHAM HOSPITAL

WEGEFARTH, PAUL

A.B., J.H.U., 1908; Stud. of Med., Strassburg & Berlin, Germany, 1909-11; M.D., J.H.M.S., 1912; *Surg. H.O., P.B.B.H., Nov. 1, 1912-March 1, 1914*; Res. Phys., Church Home Infirmary, Baltimore, 1914-15; Phys., San Diego, Calif., 1914-17; commissioned 1st Lieut. M.C., September, 1917; on duty at Camp Meade, September to December, 1917; on duty at Army Neuro-Surg. Lab., Baltimore, Dec. 1917 to April 1919, with temporary duty at Camp Jackson and Camp Lee 1918-19; commissioned Captain, M. C., May 1918; discharged May, 1919, from Letterman Gen. Hosp., San Francisco, Calif.; in practice at San Diego, May 1919 until December, 1921; Developed tuberculosis in sanatorium at Phoenix, Arizona and Colorado Springs, Colo. Died March 29, 1923.

WEISMAN, PAUL GERHARDT

B.S., Univ. of Mich., 1911; M.D., Univ. of Mich. Med. School, 1913; H.O., Providence City Hosp. (Contagious Wards), Jan.-April 1914; H.O., R. I. Hosp., April 1914-April 1916; *Asst. Res. Phys., P.B.B.H., April 1, 1916-Aug. 1, 1916*; Asst. Res., Union Protestant Infirmary, Baltimore, May 1917-Dec. 1917; Res., *ibid.*, Dec. 1917-Aug. 1918; Lieut., M.C., U.S. Army, Sept. 1918-Dec. 30, 1918; General Practice, Colfax, Washington.

WELBOURN, MARSHALL AGNEW

B.S., Univ. of Mich., 1913; M.D., Univ. of Mich. Med. School, 1915; *Assoc. in Med., P.B.B.H., July 1, 1915-March 1, 1916*; *Med. H.O., P.B.B.H., March 1, 1916-July 1, 1917*; Capt., M.C., U.S. Army, April 9, 1917-Aug. 15, 1919; Instr. in Int. Med., Univ. of Mich. Med. School, Aug. 15, 1919-July 1, 1920; In charge of Laboratories, Westlake Hosp., Los Angeles, Calif.

*WELLS, WARD STANLEY

S.B., Grinnell, 1909; M.D., H.M.S., 1916; *Assoc. in Med., P.B.B.H., July 1, 1916-April 8, 1917*; *Med. H.O., P.B.B.H., April 8, 1917-July 18, 1917*; Major, M.C., U.S. Army, Letterman General Hosp.; Presidio of San Francisco, Calif.

WENTWORTH, JOHN ALEXANDER

A.B., Bowdoin, 1909; M.D., H.M.S., 1913; H.O., Hartford Hosp., Hartford, Conn., Sept. 1, 1913-May 15, 1915; *Sr. Med. H.O., P.B.B.H., July 1, 1915-Nov. 1, 1915*; Alumni Asst., Clin. Pathol., H.M.S.; Asst., Harv. Infantile Paralysis Comm., Fall, 1916; *Asst. Res. Phys., P.B.B.H., Nov. 1, 1915-August 1, 1917*; Assoc. Phys., Clifton Springs Sanitarium, N. Y., Aug. 1, 1917-March 23, 1918; 1st Lieut., M.C., U.S. Army, March 1918-July 1919; Phys., Clifton Springs Sanitarium, N.Y., Oct. 1, 1919-Oct. 8, 1921; Phys. (Private Practice), Hartford, Conn.; Asst. Visit. Phys., Hartford Hosp.; Consult. in Med., Hartford Dispensary, Hartford, Conn.

WEST, HOWARD FRANK

A.B., Stanford, 1912; M.D., *ibid.*, 1915; Interne, Lane Hosp., San Francisco, July 1915-July 1917; *Asst. Res. Phys., P.B.B.H., Sept. 15, 1917-Oct. 15, 1917*; *Acting Res. Phys., ibid., Oct. 15, 1917-Jan. 1, 1918*; Res. Phys., *ibid.*, Jan. 1, 1918-April 15, 1920; Alumni Asst. in Med., H.M.S., Sept. 1, 1918-April 15, 1920; Practice, Internal Med., Los Angeles, Calif.

*WHITNEY, RAYMOND CYRUS

B.S., Middlebury, 1914; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H., Jan. 10, 1918-Oct. 28, 1918*; American Relief Comm., Near East, Caesarea,

REGISTER OF FORMER MEMBERS OF THE STAFF

Turkey in Asia, American Hosp.; H.O., Mass. Char. Eye & Ear Infirmary
Sept. 1, 1920-Jan. 1, 1922; Practising Ophthalmology, New Bedford, Mass.

***WILSON, DAVID COLE**

B.A., Univ. of Va., 1912; M.D., *ibid.*, 1919; Interne, Univ. of Va. Hosp.;
Med. H.O., P.B.B.H., Dec. 15, 1919-March 1, 1921.

WISLOCKI, GEORGE BERNAYS

A.B., Washington Univ., St. Louis; M.D., 1916, J.H.M.S., Asst. in
Anatomy, J.H.M.S., 1916-17; Arthur Tracy Cabot Fellow, H.M.S.,
1917-20; *Assoc. in Surg., P.B.B.H., March 25, 1920-Oct. 1, 1920*; Dept. of
Anatomy, J.H.M.S.

WOODS, ALAN CHURCHILL

A.B., J.H.U., 1910; M.D., J.H.M.S., 1914; *Med. H.O., P.B.B.H., July 1,*
1914-Nov. 1, 1915; Fellow & Assoc. in Exp. Med. & Asst. in Ophthal.,
Univ. of Pa. Med. School, Phila.; Major, M.C., U.S. Army, Aug. 1917-
April 1919; Instr. in Ophthal., J.H.M.S.; Asst. Visit. Ophthalmologist,
J.H.H.

***WOODWARD, HARRY WHITING**

A.B., Bowdoin, 1910; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., March*
1, 1915-July 1, 1916; H.O., Boston Lying-in Hosp., Sept. 1916; Capt.,
Royal Army Med Corps, Colorado Springs; Visit. Staff, Surg. Services,
Glockner Hosp. & Sanatorium, Bethel Hospital, Colorado Springs, Colo-
rado.

WRIGHT, MARY

A.B., Vassar, 1911; M.D., J.H.M.S., 1917; *Med. H.O., P.B.B.H., July 1,*
1917-Sept. 17, 1918; H.O. (Pediatrics), M.G.H., Oct. 1918-April 1919;
H.O., St. Louis Children's Hosp., May 1, 1919-Sept. 1, 1919; Asst. Res.,
St. Louis Children's Hosp., Sept. 1, 1919-May 1, 1920; Phys. to Children's
Med. O.P.D., M.G.H.; Visit. Phys., N.E. Hosp. for Women & Children;
Phys., Newton Centre, Mass.

***WULFFAERT, FRANZ RÉNÊ**

B.A., Brussels, 1906; B.S., *ibid.*, 1907; M.D., *ibid.*, 1912; Asst. Phys., St.
John's Hosp., Brussels, 1913; Res. Anæsthetist, St. Mary's Hosp., London,
Eng., 1915; *Pathol. H.O., P.B.B.H., Jan. 15, 1918-July 1, 1918*; *Res. Pathol.,*
P.B.B.H., July 1, 1918-March 31, 1919; Asst. Pathol., H.M.S., 1918-19;
Asst. Surg. (Gynecology), St. John's Hosp., Brussels.

***WYNN, JAMES**

B.S., Indiana Univ., 1917; M.D., Indiana Univ. Med. School, 1919; M.D.,
cum laude, *ibid.*, 1920; *Asst. Res. Phys., P.B.B.H., July 1, 1920-Oct. 4,*
1921; Private Practice, Indianapolis, Ind.; Alternate on Visit. Staff,
Indianapolis City Hosp., Indianapolis, Indiana.

***YOAKAM, WAYNE ADDISON**

B.S., Denison Univ., 1916; M.D., H.M.S., 1920; *Surg. H.O., P.B.B.H.,*
July 1, 1920-Nov. 1, 1921.

***YOUNG, WILLIAM W.**

A.B., Randolph-Macon, 1909; M.D., J.H.M.S., 1913; *Med. H.O., P.B.B.H.,*
July 1, 1913-Feb. 14, 1914.

*Record possibly incomplete; no reply received.

Visiting Physicians and Surgeons Pro Tempore

DR. FRANK BILLINGS

M.D., Northwestern Univ., 1881; M.S., *ibid.*, 1890; Professor of Medicine, University of Chicago; Visiting Physician from May 15 to May 20, 1916.

MR. GEORGE E. GASK

Graduate of St. Bartholomew's Hosp., London, England; Consult. Surgeon, B.E.F., receiving C.M.G. and a D.S.O.; Surgeon-in-Chief, St. Bartholomew's Hospital; Visiting Surgeon, March 20 to April 3, 1921.

DR. ALBION WALTER HEWLETT

B.S., Univ. of Calif., 1895; M.D., J.H.M.S., 1900; Professor of Medicine, Leland-Stanford Jr. Univ., San Francisco; Visiting Physician, May 1 to May 4, 1915, and Jan. 2 to Jan. 8, 1916.

DR. HENRY ROBERT MURRAY LANDIS

A.B., Amherst, 1894; M.D., Jefferson Med. Coll., 1897; Director Clinical and Sociological Departments, Henry Phipps Institute, Philadelphia, Pa.; Visiting Physician, January 18 to January 25, 1919.

DR. DEAN LEWIS

A.B., Lake Forest Univ., 1895; M.D., Rush Med. Coll., 1899; Professor of Surgery (Elect.) of the Univ. of Chicago; Visiting Surgeon, March 15 to March 24, 1920.

DR. THOMAS LEWIS

M.D., Univ. College, London, England, 1906; Phys., University College, London, England; Visiting Physician, October 26 to November 2, 1914.

DR. WARFIELD T. LONGCOPE

A.B., J.H.U., 1897; M.D., J.H.M.S., 1901; Professor of Medicine, Columbia University, New York; Visiting Physician, January 13 to January 20, 1917.

DR. THOMAS McCRAE

A.B., Univ. of Toronto, 1891; M.D., *ibid.*, 1895; M.D., *ibid.*, 1903; Fellow of Biology, Univ. of Toronto, 1892-94; Assoc. in Med., J.H.H., 1904-12; Assoc. Prof. of Med., J.H.U., 1906-12; Prof. Med., Jefferson Med. Coll., 1912-; Phys. to Jefferson & Penn. Hosps.; Fellow Royal Coll. of Phys. (England); Mem., Assoc. American Phys. (secretary 1916); American Philosophical Soc.; Lieut. Col., Canadian Army Med. Corps; Visiting Physician, March 13 to March 19, 1921.

DR. WILLIAM S. THAYER

A.B., Harv. 1885; M.D., H.M.S., 1889; LL.D., Washington Coll., 1907; Professor of Medicine, J.H.U.; Physician-in-Chief, Johns Hopkins Hospital; Visiting Physician, November 14 to November 21, 1913.

VISITING PHYSICIANS AND SURGEONS PRO TEMPORE

SIR CUTHBERT WALLACE

C.B., 1918; K.C.M.G., 1916; M.B., B.S., London; F.R.C.S., Eng.; Surgeon to St. Thomas' Hosp., Dean of St. Thomas' Hosp. Med. School; Late Surg., East London Hosp. for Children; Lecturer on Surg., St. Thomas' Hosp.; Served in South Africa as Surgeon to Portland Hosp., 1900; European War, 1914-18; Maj. Gen. A.M.S.; Consult. Surg., B.E.F., France; Visit. Surgeon, April 24, 1922-May 8, 1922.

DR. ROLLIN TURNER WOODYATT

B.S., Univ. of Chicago, 1906; M.D., Rush Med. Coll., 1902; Asst. Prof., Rush Med. Coll.; Attend. Phys., Presbyterian Hosp., Chicago; Visiting Physician, December 16 to December 23, 1921.

Officers of the Institution, 1923

President

CHARLES P. CURTIS

Treasurer

EDMUND D. CODMAN

Secretary

LAURENCE H. H. JOHNSON

MEMBERS OF THE CORPORATION

Appointed

Jan. 5, 1921	. . *	WILLIAM AMORY	. . . . .	341 Beacon St.,	Boston
Feb. 7, 1918	. .	CHARLES F. CHOATE, JR.	. . . . .	30 State St.,	Boston
May 8, 1902	. .	EDMUND D. CODMAN	. . . . .	27 Kilby St.,	Boston
Apr. 15, 1915	. .	CHARLES P. CURTIS	. . . . .	71 Ames Building,	Boston
Dec. 11, 1919	. .	LOUIS A. FROTHINGHAM	. . . . .	911 Barristers Hall,	Boston
June 16, 1909	. .	*IRVIN McD. GARFIELD	. . . . .	30 State St.,	Boston
Feb. 7, 1918	. .	FRANCIS L. HIGGINSON, JR.	. . . . .	44 State St.,	Boston
May 8, 1902	. .	HENRY S. HOWE	. . . . .	89 Franklin St.,	Boston
May 8, 1902	. .	LAURENCE H. H. JOHNSON	. . . . .	27 Kilby St.,	Boston
May 8, 1902	. .	WILLIAM R. TRASK	. . . . .	40 State St.,	Boston
Feb. 12, 1920	. .	WILLIAM H. WELLINGTON	. . . . .	93 Franklin St.,	Boston

STANDING COMMITTEES OF THE TRUSTEES

Building Committee

WILLIAM AMORY, *Chairman*
CHARLES P. CURTIS
WILLIAM H. WELLINGTON
LAURENCE H. H. JOHNSON
JOSEPH B. HOWLAND, M.D., *Secretary*

Auditing Committee

WILLIAM R. TRASK

Committee on Finances

EDMUND D. CODMAN
WILLIAM H. WELLINGTON
HENRY S. HOWE
LAURENCE H. H. JOHNSON

* Appointed by the Governor of the Commonwealth under an Act approved May 8, 1909.

OFFICERS OF THE INSTITUTION

Committee on Nominations

CHARLES P. CURTIS
EDMUND D. CODMAN

Committee on Rules

CHARLES P. CURTIS
EDMUND D. CODMAN
IRVIN McD. GARFIELD

VISITING COMMITTEE FOR 1922

CHARLES P. CURTIS	January
HENRY S. HOWE	February
FRANCIS L. HIGGINSON, JR.	March
CHARLES F. CHOATE, JR.	April
LAURENCE H. H. JOHNSON	May
LAURENCE H. H. JOHNSON	June
EDMUND D. CODMAN	July
WILLIAM AMORY	August
IRVIN McD. GARFIELD	September
CHARLES P. CURTIS	October
WILLIAM AMORY	November
CHARLES P. CURTIS	December

VISITING COMMITTEE FOR 1923

CHARLES P. CURTIS	January
CHARLES P. CURTIS	February
HENRY S. HOWE	March
CHARLES F. CHOATE, JR.	April
LAURENCE H. H. JOHNSON	May
LOUIS A. FROTHINGHAM	June
EDMUND D. CODMAN	July
FRANCIS L. HIGGINSON, JR.	August
IRVIN McD. GARFIELD	September
WILLIAM H. WELLINGTON	October
WILLIAM AMORY	November
WILLIAM R. TRASK	December

MEDICAL ADVISER TO CORPORATION

Appointed
July 9, 1914 FREDERICK C. SHATTUCK, M.D.

EXECUTIVE COMMITTEE OF THE STAFF

HENRY A. CHRISTIAN, M.D.
HARVEY CUSHING, M.D.
S. BURT WOLBACH, M.D.
JOSEPH B. HOWLAND, M.D. *Secretary*

ADMINISTRATIVE DEPARTMENT

Superintendent

Service began
May 1, 1919 JOSEPH B. HOWLAND, M.D.

Assistant Superintendents

Feb. 1, 1921 LEROY E. PARKINS, M.D. (resigned, Feb. 1, 1923)
Jan. 8, 1923 B. HENRY MASON, M.D.
Apr. 15, 1921 EDWIN R. LEWIS, M.D.

PETER BENT BRIGHAM HOSPITAL

Executive Assistant

Sept. 1, 1921 MARGARET COPELAND, R.N.

BOARD OF CONSULTATION

Appointed

Mar. 25, 1912 WALTER B. CANNON, M.D., *Consulting Physiologist*
Mar. 25, 1912 OTTO FOLIN, Ph.D., *Consulting Chemist*
Dec. 8, 1921 FRANCIS W. PEABODY, M.D., *Consulting Physician*
Jan. 13, 1916 WILLIAM H. POTTER, D.M.D., *Consulting Dental Surgeon*

MEDICAL DEPARTMENT

Service began

May 1, 1912 HENRY A. CHRISTIAN, M.D., *Physician-in-Chief*
July 1, 1912 CHANNING FROTHINGHAM, M.D., *Physician*
Sept. 1, 1922 REGINALD FITZ, M.D., *Physician*
Sept. 1, 1915 I. CHANDLER WALKER, M.D., *Associate in Medicine*
July 1, 1915 GEORGE P. DENNY, M.D., *Associate in Medicine*
July 1, 1915 JAMES P. O'HARE, M.D., *Associate in Medicine*
Dec. 12, 1912 NATHANIEL K. WOOD, M.D., *Associate in Medicine*
Aug. 8, 1919 SAMUEL A. LEVINE, M.D., *Associate in Medicine*
Sept. 12, 1919 DONALD J. MACPHERSON, M.D., *Associate in Medicine*
Apr. 14, 1921 FRANCIS C. HALL, M.D., *Associate in Medicine*
Apr. 13, 1922 HOWARD F. ROOT, M.D., *Associate in Medicine*
Aug. 1, 1922 CYRUS C. STURGIS, M.D., *Associate in Medicine*
Sept. 25, 1922 WILLIAM G. WALKER, M.D., *Junior Associate in Medicine*
July 11, 1922 GUSTAVE P. GRABFIELD, M.D., *Junior Associate in Medicine*
Aug. 1, 1922 BURGESS GORDON, M.D., *Resident Physician*
Feb. 1, 1922 WILLIAM P. MURPHY, M.D., *Assistant Resident Physician*
Apr. 15, 1922 SAMUEL B. GRANT, M.D., *Assistant Resident Physician*
Aug. 1, 1922 GUY WELLS, M.D., *Assistant Resident Physician*
July 5, 1921 HILDING BERGLUND, M.D., *Assistant Resident Physician*

SURGICAL DEPARTMENT

Service began

Sept. 1, 1912 HARVEY CUSHING, M.D., *Surgeon-in-Chief*
Oct. 1, 1912 DAVID CHEEVER, M.D., *Surgeon*
May 1, 1912 JOHN HOMANS, M.D., *Surgeon*
June 19, 1916 WILLIAM C. QUINBY, M.D., *Urological Surgeon*
Nov. 17, 1914 HILBERT F. DAY, M.D., *Associate in Surgery*
Oct. 9, 1919 GILBERT HORRAX, M.D., *Associate in Neurological Surgery*
Sept. 1, 1921 ELLIOTT C. CUTLER, M.D., *Associate in Surgery*
Oct. 13, 1921 ROGER C. GRAVES, M.D., *Associate in Surgery*
Sept. 1, 1922 W. J. MERLE SCOTT, M.D., *Associate in Surgery*
July 11, 1922 PERCIVAL BAILEY, M.D., *Junior Associate in Surgery*
July 1, 1920 FRANCIS C. NEWTON, M.D., *Resident Surgeon*
July 1, 1922 DAN C. ELKIN, M.D., *Assistant Resident Surgeon*
July 1, 1922 A. ELMER BELT, M.D., *Assistant Resident Surgeon*
July 15, 1922 JAMES JOELSON, M.D., *Assistant Resident Surgeon*
Nov. 1, 1922 KENNETH G. MCKENZIE, M.D., *Assistant Resident Surgeon*

PATHOLOGICAL DEPARTMENT

Service began

Dec. 1, 1916 S. BURT WOLBACH, M.D., *Pathologist*
Sept. 15, 1921 GEORGE H. HANSMANN, M.D., *Resident Pathologist*
May 24, 1921 DONALD S. KING, M.D., *Associate in Pathology*

OFFICERS OF THE INSTITUTION

ROENTGENOLOGIST

May 15, 1922 MERRILL C. SOSMAN, M.D.

DENTAL SURGEON

Nov. 7, 1922 HAROLD A. KENT, M.D.

MEDICAL HOUSE OFFICERS

<i>Service began</i>		<i>Service ended</i>
Oct. 15, 1920 . . .	EDWARD STANLEY EMERY, JR., M.D. . . .	Mar. 1, 1922
Oct. 16, 1920 . . .	SAMUEL BECKER GRANT, M.D.	Mar. 1, 1922
Mar. 1, 1921 . . .	RICHARD C. TEFFT, JR., M.D.	July 1, 1922
Mar. 1, 1921 . . .	RUSSELL WOOD, M.D.	July 1, 1922
July 1, 1921 . . .	HERRMANN BLUMGART, M.D.	Nov. 1, 1922
July 1, 1921 . . .	AXEL MAGNUS HJORT, M.D.	Nov. 1, 1922
		<i>Service will end</i>
Nov. 1, 1921 . . .	ROBERT W. BUCK, M.D.	Mar. 1, 1923
Nov. 1, 1921 . . .	CARLETON J. MARINUS, M.D.	Mar. 1, 1923
Mar. 1, 1922 . . .	TRACY BURR MALLORY, M.D.	July 1, 1923
Mar. 1, 1922 . . .	CHARLES L. BROWN, M.D.	July 1, 1923
July 1, 1922 . . .	WILLIAM DOCK, M.D.	Nov. 1, 1923
July 1, 1922 . . .	EDWARD T. WAKEMAN, M.D.	Nov. 1, 1923
Nov. 1, 1922 . . .	ROY W. BENTON, M.D.	Mar. 1, 1924
Nov. 1, 1922 . . .	TINSLEY R. HARRISON, M.D.	Mar. 1, 1924

SURGICAL HOUSE OFFICERS

<i>Service began</i>		<i>Service ended</i>
Oct. 15, 1920 . . .	WILLIAM EUSTIS BROWN, M.D.	Mar. 1, 1922
Oct. 15, 1920 . . .	ROBERT MAXWELL HARBIN, M.D. . . .	Mar. 1, 1922
Mar. 1, 1921 . . .	DAN COLLIER ELKIN, M.D.	July 1, 1922
Mar. 1, 1921 . . .	DON DEE LYON, M.D.	July 1, 1922
July 1, 1921 . . .	FLETCHER JOHNSON TOWLERTON, M.D..	Nov. 1, 1922
July 1, 1921 . . .	DENVER M. VICKERS, M.D.	Nov. 1, 1922
		<i>Service will end</i>
Nov. 1, 1921 . . .	JOSEPH A. CRISLER, JR., M.D.	Mar. 1, 1923
Nov. 1, 1921 . . .	HARLAN FAY NEWTON, M.D.	Mar. 1, 1923
Mar. 1, 1922 . . .	WAYNE J. STATER, M.D.	July 1, 1923
Mar. 28, 1922 . . .	WILLIAM C. WARREN, JR., M.D.. . .	July 1, 1923
July 1, 1922 . . .	JEROME R. HEAD, M.D.	Nov. 1, 1923
July 1, 1922 . . .	BLACKWELL MARKHAM, M.D.	Nov. 1, 1923
Nov. 1, 1922 . . .	RICHMOND L. MOORE, M.D.	Mar. 1, 1924
Nov. 1, 1922 . . .	WILLIAM P. VAN WAGENEN, M.D. . .	Mar. 1, 1924

PATHOLOGICAL HOUSE OFFICER

July 1, 1922 . . . BENEDICT W. REIFENSTEIN, M.D.

HOUSE OFFICER IN X-RAY DEPARTMENT

July 1, 1922 . . . EDWARD STANLEY EMERY, JR., M.D.

SCHOOL OF NURSING

*Superintendent of Nurses and
Principal of the School of Nursing*

Service began

July 1, 1912 CARRIE M. HALL, R.N.

PETER BENT BRIGHAM HOSPITAL

Assistant Superintendent of Nurses

Sept. 30, 1920 MABEL McVICKER, R.N.

Instructor in Theory

Oct. 1, 1921 ELEANOR LEE, A.B., R.N.

Instructor in Practice

Sept. 3, 1920 HELEN M. BLAISDELL, R.N.

Supervisors

Sept. 7, 1921 MARION E. WELD, R.N.

Oct. 1, 1922 LUCY H. BEAL, R.N.

Nov. 1, 1918 MARGUERITE ROBB, R.N.

June 1, 1921 ALICE A. WESTON, R.N.

Night Supervisor

Oct. 1, 1922 RUTH E. HEMENWAY, R.N.

Social Service Worker

Aug. 17, 1914 ALICE M. CHENEY, R.N.

Dietitian

May 15, 1919 OCTAVIA I. HALL

(resigned, Feb. 15, 1923)

Feb. 2, 1923 AMALIA LAUTZ, B.S.

Apothecary

Dec. 2, 1912 HARRY H. COMAN

Clerk

April 29, 1912 LIDA E. CRAWFORD

Housekeeper

Nov. 1, 1912 ELIZABETH M. PACKARD

Chief — Mechanical Departments

Oct. 21, 1911 JOHN A. AITKEN

FORM OF BEQUEST

I give and bequeath to the Peter Bent Brigham Hospital, a corporation established under the laws of the Commonwealth of Massachusetts, the sum of dollars, the same to be used for the furtherance of its charitable work.

